



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 142310		2. Name of Corporation Nite Oil Company, Inc.			
3. Street Address Principal Business Office 62 Aquidneck Drive			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-624-6600		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY AND SELL, AND GENERALLY DEAL IN CRUDE AND REFINED OILS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John A. Vasconcellos			Vice President Name Rui F. Teixeira		
Street Address 932 Bark Street			Street Address 918 Bark Street		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Secretary Name Gayle A. Teixeira			Treasurer Name Mary E. Vasconcellos		
Street Address 918 Bark Street			Street Address 932 Bark Street		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John A. Vasconcellos			Director Name Mary E. Vasconcellos		
Street Address 932 Bark Street			Street Address 932 Bark Street		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 NO PAR VALUE			100	common	none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date **FILED**
Check No. **MAY 03 2005** 4746
By: **MS**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Gayle A. Teixeira** Date **2/1/05**
Print or Type Name of Officer
Secretary
Title of Officer