



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. 59110		2. Name of Corporation Hull Suburban Propane, Inc.			
3. Street Address Principal Business Office Ocean Avenue #100			City Block Island	State RI	Zip 02807
4. Business Phone No 401-466-5946		5. State of Incorporation RHODE ISLAND		6. SIC Code 1522	
7. Brief Description of the Character of Business Conducted in Rhode Island PROPANE GAS SALES AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter McNerney			Vice President Name John Brierly		
Street Address P.O. Box 782, Amy Dodge Ln.			Street Address P.O. Box 670		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Bernadette McNerney			Treasurer Name Bernadette McNerney		
Street Address P.O. Box 782, Amy Dodge Ln.			Street Address P.O. Box 782, Amy Dodge Ln.		
City Block Island	State RI	Zip 02807	City Block Island	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter McNerney			Director Name		
Street Address P.O. Box 782, Amy Dodge Lane			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
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
1,000 NO PAR VALUE			100	A	No Par Value

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



File Date 1/10/05
Check No. 348
By: W.
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 [Signature] Date 1/10/05
Print or Type Name of Officer PETER MCNERNEY
Title of Officer President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 59110		2. Name of Corporation Hull Suburban Propane, Inc.			
3. Street Address Principal Business Office Ocean Avenue, #100			City Block Island	State RI	Zip 02807
4. Business Phone No. 401-466-5946		5. State of Incorporation RHODE ISLAND		6. SIC Code 1622	
7. Brief Description of the Character of Business Conducted in Rhode Island PROPANE GAS SALES AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter Mc Nerney			Vice President Name John Brierly		
Street Address P.O. Box 782, Amy Dodge Lane			Street Address P.O. Box 679		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Bernadette Mc Nerney			Treasurer Name Bernadette Mc Nerney		
Street Address P.O. Box 782, Amy Dodge Lane			Street Address P.O. Box 782, Amy Dodge Lane		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter Mc Nerney			Director Name		
Street Address P.O. Box 782, Amy Dodge Lane			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
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
1,000 NO PAR VALUE			100	A	No Par Value

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



* 5 9 1 1 0 *

File Date 6/10/04
Check No. 181
By: W.
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.

Bernadette Mc Nerney May 14, 2004
Signature of Officer Date
Bernadette Mc Nerney
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **59110** 2. Name of Corporation **Hull Suburban Propane, Inc.**
3. Street Address Principal Business Office
P.O. Box 792, Ocean Avenue City **Block Island** State **RI** Zip **02807**
4. Business Phone No. **466-5946** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1522**

7. Brief Description of the Character of Business Conducted in Rhode Island
Propane sales and service

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **John Briarly**
Street Address **P.O. Box 620**
City **Block Island** State **RI** Zip **02807**

Vice President Name **Peter Mc Nerney**
Street Address **P.O. Box 792**
City **Block Island** State **RI** Zip **02807**

Secretary Name **Peter Mc Nerney**
Street Address **P.O. Box 792**
City **Block Island** State **RI** Zip **02807**

Treasurer Name **John Briarly**
Street Address **P.O. Box 620**
City **Block Island** State **RI** Zip **02807**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **John Briarly**
Street Address **P.O. 620**
City **Block Island** State **RI** Zip **02807**

Director Name **Peter Mc Nerney**
Street Address **P.O. Box 792**
City **Block Island** State **RI** Zip **02807**

Street Address
City State Zip

Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	No Par Value	

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



* 5 9 1 1 0 *

File Date: 5-7-03
Check No.: 1793
By: [Signature]

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] 3-31-03
Signature of Officer Date
President John A Briarly
Print or Type Name of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59110** 2. Name of Corporation **Hull Suburban Propane, Inc.**
3. Street Address Principal Business Office
Ocean Avenue, P.O. Box 670
4. Business Phone No. **(401) 466-542** 5. State of Incorporation **RHODE ISLAND**

City **Block Island** State **RI** Zip **02807**
6. SIC Code **1522**

7. Brief Description of the Character of Business Conducted in Rhode Island
Propane Gas and Appliances

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **John Briery**
Street Address **Ocean Avenue, P.O. Box 670**
City **Block Island** State **RI** Zip **02807**
Secretary Name **Same**
Street Address
City State Zip

Vice President Name **Same**
Street Address
City State Zip
Treasurer Name **Same**
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **John Briery**
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100

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



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.

File Date **6-3-02**
Check No. **1484**
By: **[Signature]**

Signature of Officer **[Signature]** Date **2-28-02**
Print or Type Name of Officer **John A Briery**
Title of Officer **President**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 59110
2. Name of Corporation Hull Suburban Propane, Inc.
3. Street Address Principal Business Office Ocean Avenue
City Block Island State RI Zip 02807
4. Business Phone No. (401) 466-5946
5. State of Incorporation RHODE ISLAND
6. SIC Code 1522

7. Brief Description of the Character of Business Conducted in Rhode Island
Propane gas sales and services, and all other lawful purposes

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name John A. Brierly Street Address Ocean Ave, P.O. Box 670 City Block Island State RI Zip 02807 Secretary Name Lisabeth Brierly Street Address Ocean Ave, P.O. Box 670 City Block Island State RI Zip 02807	Vice President Name Joseph Shea Street Address Spring Street, P.O. Box 310 City Block Island State RI Zip 02807 Treasurer Name John A. Brierly Street Address Ocean Ave, B.O.Box 670 City Block Island State RI Zip 02807
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name John A. Brierly Street Address Ocean Ave, P.O. Box 670 City Block Island State RI Zip 02807	Director Name Lisabeth Brierly Street Address Ocean Ave, P.O. Box 670 City Block Island State RI Zip 02807
---	--

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1000 SHS NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
40	A	none

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

FILED

File Date: AUG 23 2001

Check No.: By SC 86

By: 269684

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.

John A. Brierly
Signature of Officer Date
John A. Brierly

Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59110** 2. Name of Corporation **Hull Suburban Propane, Inc.**
3. Street Address Principal Business Office **Ocean Avenue** City **Block Island** State **RI** Zip **02807**
4. Business Phone No. **(401) 466-5946** 5. State of Incorporation **Rhode Island** 6. SIC Code **1522**
7. Brief Description of the Character of Business Conducted in Rhode Island

Propane gas sales and services, and all other lawful purposes

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name John A. Brierly Street Address Ocean Ave, P.O. Box 670 City Block Island State RI Zip 02807	Vice President Name Joseph Shea Street Address Spring Street, P.O. Box 310 City Block Island State RI Zip 02807
Secretary Name Lisabeth Brierly Street Address Ocean Ave, P.O. Box 670 City Block Island State RI Zip 02807	Treasurer Name John A. Brierly Street Address Ocean Ave, P.O. Box 670 City Block Island State RI Zip 02807

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name John A. Brierly Street Address Ocean Ave, P.O. Box 670 City Block Island State RI Zip 02807	Director Name Lisabeth Brierly Street Address Ocean Ave, P.O. Box 670 City Block Island State RI Zip 02807
--	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS	NO PAR VAL	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
40	A	none

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

FILED

File Date:
AUG 23 2001
Check No.:
By:
3C 86
269684
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.

John A. Brierly
Signature of Officer _____ Date _____
JOHN A. BRIERLY
Print or Type Name of Officer _____
President
Title of Officer _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 59110		2. Name of Corporation Hull Suburban Propane, Inc.			
3. Street Address Principal Business Office Ocean Avenue			City Block Island	State RI	Zip 02807
4. Business Phone No. (401) 466-5946		5. State of Incorporation RHODE ISLAND		6. SIC Code 1522	
7. Brief Description of the Character of Business Conducted in Rhode Island Propane gas sales and services, and all other lawful purposes.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John A. Brierly			Vice President Name Joseph Shea		
Street Address Ocean Avenue, P.O. Box 670			Street Address Spring Street, P.O. Box 310		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Lisabeth Brierly			Treasurer Name John A. Brierly		
Street Address Ocean Avenue, P.O. Box 670			Street Address Ocean Avenue, P.O. Box 670		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John A. Brierly			Director Name Lisabeth Brierly		
Street Address Ocean Avenue, P.O. Box 670			Street Address Ocean Avenue, P.O. Box 670		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
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
1,000 SHS NO PAR VAL			40	A	none

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



* 5 9 1 1 0 *

File Date: Jan 25 1999
Check No.: 1011
By: J.D.

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.

John A. Brierly 1-20-99
Signature of Officer Date
President
Print or Type Name of Officer
President John A. Brierly
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59110** 2. Name of Corporation **Hull Suburban Propane, Inc.**

3. Street Address Principal Business Office **Ocean Avenue** City **Block Island** State **RI** Zip **02807**

4. Business Phone No. **(401) 466-5946** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1522**

7. Brief Description of the Character of Business Conducted in Rhode Island
Propane gas sales and service, and all other lawful purposes.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **John A. Brierly**
Street Address **Ocean Avenue, P.O. Box 670**
City **Block Island** State **RI** Zip **02807**

Vice President Name **Joseph Shea**
Street Address **Spring Street, P.O. Box 310**
City **Block Island** State **RI** Zip **02807**

Secretary Name **Lisabeth Brierly**
Street Address **Ocean Avenue, P.O. Box 670**

Treasurer Name **John A. Brierly**
Street Address **Ocean Avenue, P.O. Box 670**

City **Block Island** State **RI** Zip **02807**

City **Block Island** State **RI** Zip **02807**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **John A. Brierly**
Street Address **Ocean Avenue, P.O. Box 670**
City **Block Island** State **RI** Zip **02807**

Director Name **Lisabeth Brierly**
Street Address **Ocean Avenue, P.O. Box 670**
City **Block Island** State **RI** Zip **02807**

Director Name _____
Street Address _____
City _____ State _____ Zip _____

Director Name _____
Street Address _____
City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
40	A	none

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



* 5 9 1 1 0 *

File Date: 3.2.98
Check No.: 2818
By: UP

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.

John A. Brierly 2/27/98
Signature of Officer Date
John A. Brierly
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59110**
 2. Name of Corporation **Hull Suburban Propane, Inc.**
 3. Street Address Principal Business Office
P.O. Box 670, Ocean Avenue, Fire # 100
 4. Business Phone No. **(401) 466-5946**
 5. State of Incorporation **RHODE ISLAND**
 7. Brief Description of the Character of Business Conducted in Rhode Island
Propane gas sales and service

City **Block Island** State **RI** Zip **02807**
 6. SIC Code **1522**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **John A. Brierly**
 Street Address **P.O. Box 670, Ocean Avenue, Fire # 100**
 City **Block Island** State **RI** Zip **02807**
 Secretary Name **Lisabeth Brierly, Ocean Ave.**
 Street Address **P.O. Box 670**
 City **Block Island** State **RI** Zip **02807**

Vice President Name **Lisabeth Brierly**
 Street Address **Block Island, Ocean Avenue**
 City **Block Island** State **RI** Zip **02807**
 Treasurer Name **John A. Brierly**
 Street Address
 City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **(Same as Officers) John A. Brierly**
 Street Address **Ocean Avenue**
 City **Block Island** State **RI** Zip **02807**
 Director Name **Lisabeth Brierly**
 Street Address **Ocean Avenue**
 City **Block Island** State **RI** Zip **02807**

Director Name
 Street Address
 City State Zip
 Director Name
 Street Address
 City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
1,000 SHS NO PAR VAL

ISSUED SHARES
 Number of Shares Class/Series Par Value
40 A No par value

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



* 5 9 1 1 0 *

File Date: **2-28-97**
 Check No.: **2497**
 By: **[Signature]**
 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] **2/26/97**
 Signature of Officer Date
John A. Brierly
 Print or Type Name of Officer
President
 Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 59110		2. NAME OF CORPORATION Hull Suburban Propane, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE Ocean Avenue		CITY Block Island	STATE RI
		ZIP CODE 02807	
4. BUSINESS PHONE NO. (401)466-5946	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 1522
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Provide petroleum products and other services, and for all other lawful purposes.			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Jerome A. Edwards			VICE PRESIDENT NAME John F. Pezzimenti		
STREET ADDRESS Corn Neck Road, P.O. Box 476			STREET ADDRESS Walter Berry road		
CITY Block Island	STATE RI	ZIP CODE 02807	CITY W. Redding	STATE CT	ZIP CODE 06896
SECRETARY NAME Albert R. Casazza			TREASURER NAME Albert R. Casazza		
STREET ADDRESS Corn Neck Road, P.O. Box 1003			STREET ADDRESS Corn Neck Road, P.O. Box 1003		
CITY Block Island	STATE RI	ZIP CODE 02807	CITY Block Island	STATE RI	ZIP CODE 02807

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Clifford R. McGinnes, Sr.			DIRECTOR NAME Jerome A. Edwards		
STREET ADDRESS Connecticut Avenue, P.O. Box 403			STREET ADDRESS Corn Neck Road, P.O. Box 476		
CITY Block Island	STATE RI	ZIP CODE 02807	CITY Block Island	STATE RI	ZIP CODE 02807
DIRECTOR NAME John F. Pezzimenti			DIRECTOR NAME Albert R. Casazza		
STREET ADDRESS Walter Berry Road			STREET ADDRESS Corn Neck Road, P.O. Box 1003		
CITY W. Redding	STATE CT	ZIP CODE 06896	CITY Block Island	STATE RI	ZIP CODE 02807

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VAL			100	A	no par value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 2/21/96
Check No: 2138
By: CS LF
For Secretary of State Use Only

Jerome A. Edwards
Signature of Officer
JEROME A. EDWARDS
Print or Type Name of Officer
PRES.
Title of Officer
4/26/96
Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0059110

1995

Corporate ID: _____ Annual Report for the year: _____

Name of Corporation: Hill Suburban Propane, Inc.
Hull

Business entity organized under the laws of the State of: _____

Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Provide petroleum products and other services, and for all other lawful purposes.

Ocean Avenue
Block Island, RI 02807

Phone: (401) 466-5946

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Jerome Edwards	Corn Neck Road, P.O. Box 476, Block Island, RI		02807
VICE PRESIDENT John F. Pezzimenti	Walter Berry Road, W. Redding, CT	06896	
SECRETARY Albert R. Casazza	Corn Neck Road, Block Island, RI	02807	
TREASURER "			"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Clifford R. McGinnes, Sr.	P.O. Box 403, Conn. Ave., Block Island, RI		02807
Jerome F. Edwards	Corn Neck Road, P.O. Box 476, Block Island, RI		02807
John Pezzimenti	Walter Berry Road, W. Redding, CT	06896	
Albert R. Casazza	Corn Neck Road, Block Island, RI	02807	

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1,000	A	100	A

Date January, 1995

By: Jerome Edwards
 Jerome Edwards
 President

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ELLIOT TAUBMAN
 BOX 277, OCEAN AVENUE
 BLOCK ISLAND RI 02807

FILED

JAN 20 1995

By: CC 1771

Name of Business Entity: Hall Suburban Propane, Inc. (Not)

Business entity organized under the laws of the State of RI

Taxpayer Identification Number: [Redacted]

Foreign entity, address and telephone number of principal office:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Ocean Avenue

Block Island, RI 02807

Phone: (401) 466-5946

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

c/o Elliot Taubman, Esq.
P.O. Box 277
Block Island, RI 02807

Brief statement of the character of business conducted in Rhode Island Provide petroleum products and other services and for all other lawful services.

Date of Organization: 2/1/90

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
Chief Executive Officer or President (check one) <input checked="" type="checkbox"/> Jerome F. Edwards	Corn Neck Road, P.O. Box 476, Block Island, RI	02807	
Chief Operating Officer or Vice President (check one) <input type="checkbox"/> John F. Pezzimenti	Walter Berry Road, W. Redding, CT	06896	
Secretary (check one) <input checked="" type="checkbox"/> Robert Casazza	Corn Neck Road,	Block Island, RI	02807
Chief Financial Officer or Treasurer (check one) <input checked="" type="checkbox"/>	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Clifford R. McGinnes, Sr.	Connecticut Ave., P.O. Box 403, Block Island, RI	02807	
Jerome F. Edwards	Corn Neck Road, P.O. Box 476, Block Island, RI	02807	
John F. Pezzimenti	Walter Berry Road,	W. Redding, CT	06896
Albert Casazza	Corn Neck Road,	Block Island, RI	02807

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000

CLASS A

SERIES

VALUE OR WITHOUT PAR without par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS A

SERIES

PAR VALUE OR WITHOUT PAR without par

FILED
APR 18 1994

By *JME*

April 11, 1994

By *Jerome F. Edwards*

Jerome F. Edwards
President

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

ELLIOT TAUBMAN
BOX 277, OCEAN AVENUE
BLOCK ISLAND RI 02807

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1124

Corporate ID 0059110 Annual Report for the year 1993

FIRST: The name of the corporation is Hull Suburban Propane, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office provide petroleum products
and other services, and for all other lawful purposes.

FIFTH: Business address in Rhode Island C/O Elliot Taubman, P.O. Box 277,
Water Street, Block Island, RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, city, etc.)
Clifford R. McGinnes		P.O. Box 403, Corn. Avenue , Block Island, RI 02807
Jerome F. Edwards	Director	P.O. Box 476, Block Island, RI 02807
John F. Pezzimenti	Director	Redding, CT
Albert R. Casazza	Director	Corn Neck Road, Block Island, RI 02807
Jerome F. Edwards	President	P.O. Box 476, Block Island, RI 02807
John F. Pezzimenti	Vice President	Redding, CT
Albert Casazza	Secretary	Corn Neck Road, Block Island, RI 02807
"	"	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
40	A	1	none

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
40	A	1	none

Dated February 5 19 93

HULL SUBURBAN PROPANE, INC.
(Name of Corporation)

By Jerome F. Edwards
President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1090

Corporate ID 59110 Annual Report for the year 1991

FIRST: The name of the corporation is HULL SUBURBAN PROPANE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide petroleum products and other services, and for all other lawful purposes.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island c/o Elliot Taubman, P.O. Box 277, Water St., Block Island, RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Clifford R. McGinnes		Corn Neck Rd., Block Island, RI 02807
Jerome F. Edwards	Director	" "
John F. Pezzimenti	Director	Redding, CT
Albert R. Casazza	Director	Corn Neck Rd., Block Island, RI 02807
Jerome F. Edwards	President	" "
John F. Pezzimenti	Vice President	Redding, CT
Albert Casazza	Secretary	Corn Neck Road, Block Island, RI 02807
" "	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
40	A	1	none

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
40	A	1	none

Dated May 19 92

HULL SUBURBAN PROPANE, INC.

(Name of Corporation)

By

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1010

Corporate ID 59110

Annual Report for the year 1992

FIRST: The name of the corporation is HILL SUBURBAN PROPANE INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is provide petroleum products and other services,
and for all other lawful purposes.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island c/o Elliot Taubman, P.O. Box 277, Water Street,
Block Island, RI 02807

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Clifford R. McGinnes		Corn Neck Rd., Block Island, RI 02807
Jerome F. Edwards	Director	" "
John F. Pezzimenti	Director	Redding, CT
Albert R. Casazza	Director	Corn Neck Road, Block Island, RI 02807
Jerome F. Edwards	President	" "
John F. Pezzimenti	Vice President	Redding, CT
Albert Casazza	Secretary	Corn Neck Rd., Block Island, RI 02807
" "	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
40	A	1	none

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
40	A	1	none

Dated February 20 19 92

Hill Suburban Propane Inc.
(Name of Corporation)

By Jerome Edwards

Title Pres.

(Report must be signed by an officer)