

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

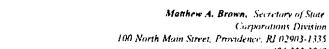
Filing Period: January 1	- March 1 •	Filing Fee: \$50.00			
(FORM MUST BE TYPED IN					
1. Corporate ID No.	2. Name of Corp				
91211		OIL COMPANY, INC.			
3. Street Address Principal Bus	iness Office		City	State	Zip
195 J.P. MURPHY F	HIGHWAY		WEST WARWICK	RI	02893
4. Business Phone No.		3. State of Incorpora	tion		6. SIC Code
4018231800		RHODE ISLA	ND		5090
7. Brief Description of the Chai TO ESTABLISH AND MA	acter of Business Co LINTAIN AN OI	onducted in Rhode Island L BUSINESS WITH A	UTHORITY TOOWN AND OPER	ATE OIL TANK CA	RS OF ALL KINDS.
President Name		FICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC		TTACHMENTS
THOMAS A. VESSELL	<u> </u>		ROBERT J. GASBAR	RO, JR.	
Street Address			Street Address		
195 J. P. MURPHY	HIGHWAY		.77 BROOKSIDE DRI	VE	
City WEST WARWICK	State RI	<i>Zip</i> 02893	City CRANSTON	State RI	<i>Zip</i> 02910
Se <i>cretary Name</i> THOMAS A. VESSELL	n.		Trèasurer Name THOMAS A. VESSEL		• • • • • • • • • • • • • • • • • • • •
Street Address			'Street Address	<u></u>	
195 J. P. MURPHY	HIGHWAY		.195 J. P. MURPHY	HIGHWAY	
City	State	Zip	`City	State	77/0
WEST WARWICK	RI	02893	. WEST WARWICK	RI	[<i>Zip</i> 02893
9. NAMES AND ADDRES	SES OF THE DI	RECTORS ("X" BOX FO	RATTACHMENT) FILL IN SP	, - · -	
Director Name			Director Name		
NONE			·		· · · · · · · · · · · · · · · · · · ·
Street Address		,	Street Address		
City	State	Zip	•City	State	Zip
Director Name	.]		· · · · <u>· · · · · · · · · · · · · · · </u>		
Director (40me		•	• Director Name		
Street Address			· Street Address		
			•		
City	State	Zip	.Cliy	State	Zip
		<u> </u>			j
10. SHARES AUTHORIZ	ED ("X" BOX FO	RATTACHMENT) 🗆	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	カロ
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR	VALUE		100	СОММОИ	NONE
This report must be signed	ed in ink hy oid	er the President Vice	President, Secretary, Assista	Int Secretory Trans	urar Pagainar as Touris
ina report must be signe	a in ina by cin	ici ine ricaiaem, rice	Tresident, Decretary, Assiste	ini secretary, treus.	urer, Receiver or Irusiee
	£1 18 1 1				
	<u> </u>				
9 1 2	1 1		Under penalty of perju	ry, I declare and affirm	that I have examined
			this report, including a	ny accompanying sched	lules and statements,
'91211 DBC FILE	<u> </u>			contained herein are tri	
File Date		728		\mathcal{L}	2/10/2
Check No. MAR 28	2003 		Signature of Officer		7/10/05
Check No. MAK 20	1/6		THOMAS A.		Date / /
		_	Print or Type Name of Of		
<i>By:</i> By		_	PRESIDENT	jruer	
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Farm 420 13/01
			····· by Officer		Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1		Filing Fee: \$50.00				
(FORM MUST BE TYPED IN						
I. Corporate ID No. 91211	2. Name of Con				······································	
3. Street Address Principal Busi		OIL COMPANY, INC.				
195 J.P. MURPHY I			City	State	Zip	
4. Business Phone No.		C Crate of Locarion	WEST WARWICK	RI	02893	
4018231800		5. State of Incorpor RHODE ISLA			6. SIC Code	
7. Brief Description of the Char	ractor of Rusiness C		MAD		5090	
TO ESTABLISH AND MA	O NA NIATNIA	L BUSINESS WITH A	UTHORITY TOOWN AND OPER			
8. NAMES AND ADDRES	SES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING A	TTACHMENTS	
President Name THOMAS A. VESSELL			"Vice President Name		- · · · · · · · · · · · · · · · · · · ·	
Street Address	<u> </u>		ROBERT J. GASBAR	RO, JR.	*	
195 J. P. MURPHY	UTCUURV	•	Street Address			
City	State	7:	- 77 BROOKSIDE DRI			
WEST WARWICK	RI	<i>Zip</i> 02893	City CRANSTON	State	Zip	
Secretary Name		102833	Treasurer Name	RI	02910	
THOMAS A. VESSELL	A		THOMAS A. VESSEL	LA		
Street Address			Street Address			
195 J. P. MURPHY	HIGHWAY		.195 J.P. MURPHY	HIGHWAY		
City	State	Zip	City	State	Zip	
WEST WARWICK	RI	02893	.WEST WARWICK	RI	02893	
9. NAMES AND ADDRES Director Name	SES OF THE DI	RECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN SP	ACES BEFORE USING	ATTACHMENTS	
NONE			Director Name			
						
Street Address			Street Address			
City	State	Zip	·City	State	Zip	
	1		•			
Director Name	, , , , , , , , , ,	•••••••	Director Name			
			•			
Street Address			·Street Address			
City	State	la:				
City	State	Zip	Clay	State	Zip	
10 CITADEC AUTHORIST	FD	<u> </u>				
10. SHARES AUTHORIZI AUTHORIZED SHARES	LD ("X" BOX FO	RATTACHMENT) 🗆	11. SHARES ISSUED ("X")	BOX FOR ATTACHMEN	<u></u>	
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
			7	Classifies	Trar value	
1,000 COMM NO PAR Y	VALUE		100	COMMON	NONE	
	····					
			1	1		
This report must be sione	d in ink by eitl	per the President Vice	President, Secretary, Assista	nt Sacratary Tman	urar Pagainar ar Trustae	
, ma report must be signe	a in ink by em	ier me i restaem, rice	: I resident, Secretary, Assist	ini secretary, ireast	irer, Receiver or Trustee	
	j] [61 6					
<u> </u>	J					
9 1 2	1 1		Under penalty of perju-	ry, I declare and affirm	that I have examined	
			this report, including a			
91211 DBC 01/07/04	09:35:59 AM		and that all statements	contained herein are tru	e and correct.	
File Date 3/15/09	{		(Xh/2.1	1 2/1	hil	
- marine - m	1 .		Signature of Officer	2/4	nu y	
Check No. 59(0			7//	-//	74.7	
. ()		-	Print or Type Name of Ol	icer		
By: \(\frac{1}{3}\)		_		neer		
FOR SECRETARY OF STATE	USE ONLY		Tresident			
USUMBILLION OF OTHER)	Litte of Officer		Form 630 12/01	



Ferm 630 12/01

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

FOR SECRETARY OF STATE USE ONLY

Office of the	Secretary of State				401.222.3040
PROFIT CORPO	ORATION .	ANNUAL REPO	RT FOR THE V	EAR 2003	
Filing Period: January 1	- March 1 • F	iling Fee: \$50.00			
(FORM MUST BE TYPED IN					
J. Corporate ID No. *91211*	2. Name of Corpo. LINCOLN O	ration IL COMPANY, INC.			•
3 Street Address Principal Busi			City	State	Zıp
195 J.P. MURPHY H			WEST WARWICK	RI	02893
4 Business Phone No.		5. State of Incorporation			6. SIC Code
4018231800		RHODE ISLAND			5090
7. Brief Description of the Char TO BSTABLISH AND MA	ructer of Business Con	ducted in Rhode Island BUSINESS WITH AUTHO	RITY TOOWN AND OPE	RATE OIL TANK CA	
		ICERS ("X" BOX FOR ATT	CHMENT) FILL IN SPA		
THOMAS A. VESSELL	A		Vice President Name THOMAS A. VESSE	LLA	
Street Address			Street Address		
195 J.P. MURPHY H			195 J.P. MURPHY	HIGHWAY	
City	State	Zip	City	State	Zip
WEST WARWICK	RI	02893	WEST WARWICK	RI	02893
Secretary Name	_		Treasurer Name		, in the second
THOMAS A. VESSELL	Α		THOMAS A. VESSE	LLA	
Street Address			Street Address		
195 J.P. MURPHY H	IGHWAY		195 J.P. MURPHY	HIGHWAY	
Cuy	State	Zip	City	State	Zip
WEST WARWICK	RI	02893	WEST WARWICK	RI	02893
9. NAMES AND ADDRÉS Director Name	ises of the dir	ECTORS CX BOX FOR AT	TACHMENT) FULL IN S	PACES BEFORE USING	FATTACHMENTS
NONE					
Street Address			Street Address		
Cuy	State	Zıp	City	State	Zip
Director Name			Director Name		
Street Address	V. V		Street Address		
City	State	Zip	City	State	Zip
ing a second second second second		ing the second of the second o			
10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	M7) 🔲
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR	VALUE		100	COMMON	NONE
,	** ***	****		:	*
		en e			:
This report must be sign	e d in ink by eithe	r the President, Vice Pre	sident, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Trustee
((884) 8 (815) (19)					
* 9 1	2 1 1 +			ury, I declare and affirm	
				any accompanying schools contained because	
*91211 DBC2/12/036:		1	and that an statement	s contained herein are to	ue and correct.
File Date 3.7	3.0.5	_	/}/V\\/i	nu 3	117/03
5)60	Г <u>о</u>	-	Signature of Officer		Date
Check No 514	<i>Y</i>	_	<i>y - y - y - y</i>		- · · · ·
$ _{B_{i}}$	•	_	Print or Type Name of (Officer	

Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate 1D No.

2. Name of Corporation

91211

LINCOLN OIL COMPANY, INC.

Street Address Principal Business Office 195 J. P. Murphy Highway

State

RI

02893

1. Business Phone No. 401-823-1800

S. State of Incorporation **RHODE ISLAND** 6. SIC Code

West Warwick

5090

7. Brief Description of the Character of Business Conducted in Rhode Island Buy, sell and deal in petroleum oil

• •	-				
B. NAMES AND ADDRES tresident Name Thomas A. Vessel		FICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES I Vice President Name Thomas A. Vessel	BEFORE USING ATT. Lla	ACHMENTS
treet Address 195 J. P. Murphy	Highway		Street Address 195 J. P. Murphy	/ Highway	
West Warwick	State RI	Ö2893	Guy West Warwick	State RI	^{zip} 02893
ccretary Name Thomas A. Vessell	la	•	Thomas A. Vessel	lla	
195 J. P. Murphy	Highway		Street Address 195 J. P. Murphy	/ HIghway	
West Warwick	RI RI	02893	_{City} West Wariwck	RI RI	^{zıp} 02893
). NAMES AND ADDRES Processor Name None	SSES OF THE DIE	RECTORS (*x* box for	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	TACHMENTS

Street Address

Zip

Street Address

Director Name

Street Address

Zip

Director Name

Street Address

City

State

State

Zip

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

AUTHORIZED SHARES

1,000 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

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

Number of Shares

Class/Series

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



Check No : _

File Date: _

FOR SECRETARY OF STATE USE ONLY

*	9	1	2	1	1	*
4		,			_	

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.

Title of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

(FORM MUST BE TYPED IN BLACK)

١.	Corporate	ID	No	

ັ**ງ**ີ່ 1211

2. Name of Corporation Company, INC.

l. Street Address Principal Business C	Office		City	State	Zip
195 J. P. Murphy Business Phone No. 401-823-1800 Brief Description of the Character of	J ,	S. State of Incorporation RHODE ISLAND	West Warwick	RI	02893 • 5090
Buyy sell and dea				•	
B. NAMES AND ADDRESS			(ENT) FILL IN SPACES BE	FORE USING ATTACHM	ENTS
Thomas A. Vessell	la		Thomas A. Vessel	la	
195 J. P. Murphy	Highway State	Zip	195 J. P. Murphy	Highway State	ZIp
West Warwick	RI	02893	West Warwick Treasurer Name	RI .	02893
Thomas A. Vessell			Thomas A. Vessell	la	
195 J. P. Murphy	Highway State	Zip	195 J. P. Murphy	Highway State	Zip
West Warwick	RI	02893	West Warwick	RI	02893
. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES I Director Name	BEFORE USING ATTACH	
None					
reet Address	•		Street Address		
ity	State	Zip	City	State	Zip
irector Name			Director Name	• • • • • • •	·
reet Address			Street Address		
ity	State	Zip	City	State	ZIp
O. SHARES AUTHORIZED JOHORIZED SHARES	("X" ROX FOR ATTACHM	AENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO	PAR VAL		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: _	3/5	
Check No.:	3631	
By:	2c	·

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.

Form 420 12800

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

2. Name of Corporation
LINCOLN OIL COMPANY, INC. 1. Corporate ID No. 91211 3. Street Address Principal Business Office

> S. State of Incorporation RHODE ISLAND

West Warwick RΙ

02893

7. Brief Description of the Character of Business Conducted in Rhode Island

Buy, Sell and deal in petroleum oil

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

President Name

401-823-1800

4. Business Phone No.

Thomas A. Vessella

Street Address

Secretary Name

195 J. P. Murphy Highway

195 J. P. Murphy Highway

West Warwick

Thomas A. Vessella

Street Address

195 J. P. Murphy Highway

West Warwick

RI

02893

02893

Thomas A. Vessella

Street Address

195 J. P. Murphy Highway

West Warwick

02893

Zip

Zip

Treasurer Name

Thomas A. Vessella

Street Address

Director Name

Street Address

195 J.P. Murphy Highway

West Warwick

RI

02893

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

Director Name

None

Street Address

City

State

210

City

State

Zio

Director Name Director Name

Street Address

City

City

State

Zip

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

1,000 SHS COMM NO PAR VAL

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Street Address

Number of Shares

Class/Series

Par Value

100

common

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

none :

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



SEC'Y OF STATE FOR SECRETARY OF STATE USE ONLY

that all statements contained herein are true and correct.

Title of Office.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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.	2. Name of Corporation	COMPANY, INC.		•				
91211 3. Street Address Principal Business Off			T City	State	Zip			
195 J. P. Murph			West Warwick	RI	02893			
4. Rusiness Phone No.	y	S. State of Incorporation			6. SIC Code			
401-823-1800		RHODE ISLAN	D		5090			
7. Brief Description of the Character of	Business Conducted in Ri	ode Island						
Buy, sell and de								
			HMENT) _ FILL IN SPACES BEFO	ORE USING ATTACHM	IENTS			
President Name			Vice President Name	· - ·-				
Thomas A. Vesse	11a		Thomas A. Ves	sella				
Street Address			Street Address					
195 J. P. Murph	y Highway		195 J. P. Mur	phy_Highway_				
City	State	Zip	City	State	Zip			
West Warwick	RI	02893	West Warwick	RI	02893			
Secretary Name	••••••		Treasurer Name					
Thomas A. Vesse	lla		Thomas A. Ves	sella	<u></u>			
Street Address			Street Address					
195 J.P. Murphy	Highway	, <u></u>	: 195 J.P. Murp	ny Highway				
City	State	Zip	City	State	Zip			
West Warwick	RI	02893	West Warwick	RI	02893			
	S OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES BI	FORE USING ATTAC	IMENTS :			
Director Name			Director Name		,			
None								
Street Address			Street Address					
·	Telli	714	City	State	Zip			
City	State	Zip		1				
Director Name	l		: Director Name					
Director Name								
Street Address			· Street Address					
Just Addiess			‡					
City	State	T Zip	City	State	Zip			
J.,		•			Ì			
10. SHARES AUTHORIZED	(*X * BOX FOR ATTAC	HMENT) C	11. SHARES ISSUED ('X' B	OX FOR ATTACHMENT)				
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		ISSUEE) SHARES						
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
4 444 0110 00111 110	DARVAL		100					
1,000 SHS COMM NO PAR VAL		100	common	none				
1,000 SHS COMM NO			. <u></u>	<u> </u>				
1,000 SH3 COMM NO		·		† 				
1,000 SH3 COMM NO								

	* 9 1 2 1 1 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an
File Date:	04-12-09	that all statements contained herein are true and correct. 3/12/+9
Check No.:	2203	Signature of Officer Date Thomas A. Vousellis
By:FOR SECRETARY C	OF STATE USE ONLY	Print or Type Name of Officer Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

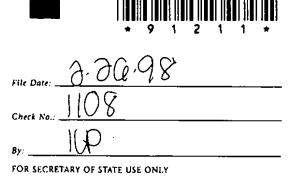
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: fanuary 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

ı.	Corporate	ID	No.	
	•		01211	

91211	LINCOLN OIL C	OMPANY, INC.					
3. Street Address Principal Business Of	lice .		City		State		Zip
195 J. P. Murphy 4. Business Phone No.	y Highway	5. State of Incorporation	West	Warwick	Rhode	Island	02893 6. SIC Code 5090
401-823-1800 7. Brief Description of the Character of	Business Conducted in Rhoo	RHODE ISLAND					5090
Buy, sell and de							
8. NAMES AND ADDRESSE	· =		IENT)				
President Name			Vice Presid	fent Name			
Thomas A. Vessel	lla		Thon	nas A. Vesse	lla		
195 J.P. Murphy	Highway State	Zip		J.P. Murphy		ay	***
West Warwick	RL I	02893	City	Warwick	State R I		21p 02893
Secretary Name	KD .	02073	Treasurer !		KI .		02093
Thomas A. Vessel	l1a			nas A. Vesse	lla		
Street Address		•	Street Addi				
195 J.P. Murphy	Highway		195	J.P. Murphy	Highv	ay	
City	State	Zip	City	• •	State	•	Zip
West Warwick	RI	02893	West	Warwick	RΙ		02893
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)				
Director Name			Director N	ame			
NONE							
Street Address			Street Addi	res			
City	State	Zip	City		State		Zip
Director Name		·	Director No	ame			
Street Address			Street Addi	ress			
City	State	Zip	City		State		Zip
10. SHARES AUTHORIZED	"X" BOX FOR ATTACHM	ENT)	11. SHA	RES ISSUED ("X" BO	OX FOR ATTA	CHMENT)	
AUTHORIZED SHARES	-		DZZOED SHA				
Number of Shares	Class/Series	Par Value	Number of	Shares	Class/Series		Par Value
1,000 SHS COMM NO	PAR VAL		100		com	non	non

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.		
MVull	2/23/98	
Signature of Officer	Date	
Thomas A. Vessella		
Print or Type Name of Officer		
President		
Title of Officer		

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

1. Corporate ID No. 91211

2. Name of Corporation

LINCOLN OIL COMPANY, INC.

3. Street Address Principal Business Office

195 J.P. Murphy Highway

5. State of Incorporation **RHODE ISLAND**

State RI

02893 6. SIC Code

823-/300 RH. 2. Brief Description of the Character of Business Conducted in Rhode Island

Buy, sell and deal in petroleum oil

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

President Name

Secretary Name

Street Address

CIN

Thomas A. Vessella Street Address

Thomas A. Vessella

195 J.P. Murphy Highway

195 J.P. Murphy Highway

West Warwick

RΙ

Zio

02893

Vice President Name

West Warwick

Thomas A. Vessella

Street Address

City

195 J.P. Murphy Highway

West Warwick

RI

Zip 02893

Treasurer Name

Thomas A. Vessella

Street Address

195 J.P. Murphy Highway

City

West Warwick

RI

02893

WEst Warwick

RI

02893

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

Director Name

NONE

Director Name

Street Address

Director Name

Street Address

Street Address

City

State

Zip

State

Zip

Director Name

Street Address

City

City

Ζiρ

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

AUTHORIZZZO SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

100

common

none

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



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.

Title of Officer