



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222-5940

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 96915		2. Name of Corporation Construct Oil Company, Inc.			
3. Street Address Principal Business Office 27 Dexter Road			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-431-5060		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Sales and delivery of Petroleum Products					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Workman			Vice President Name None		
Street Address 77 Second Street			Street Address		
City Somerville	State NJ	Zip 08876	City	State	Zip
Secretary Name Mark O'Leary			Treasurer Name None		
Street Address 27 Dexter Road			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard Workman			Director Name		
Street Address 77 Second Street			Street Address		
City Somerville	State NJ	Zip 08876	City	State	Zip
Director Name George F. Taylor			Director Name		
Street Address 77 Second Street			Street Address		
City Somerville	State NJ	Zip 08876	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	\$1.00	500	Common	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
Check No. **APR 02 2007**
By **21842**
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 **Richard Workman**
Date **3/15/07**
Print or Type Name
President
Title



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02914-2615
401 222 3640

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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Street Address 77 Second Street			Street Address		
City Somerville	State NJ	Zip 08876	City	State	Zip
Secretary Name Mark O'Leary			Treasurer Name None		
Street Address 27 Dexter Road			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
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Street Address 77 Second Street			Street Address		
City Somerville	State NJ	Zip 08876	City	State	Zip
Director Name George F. Taylor			Director Name		
Street Address 77 Second Street			Street Address		
City Somerville	State NJ	Zip 08876	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	\$1.00	500	Common	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
Check No. **APR 02 2007**
By **21842**
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
Richard Workman
Print or Type Name
President
Title

3/15/07
Date



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3640

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 96915		2. Name of Corporation Construct Oil Company, Inc.			
3. Street Address Principal Business Office 27 Dexter Road			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-431-5060		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Sales and delivery of Petroleum Products					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Workman			Vice President Name None		
Street Address 77 Second Street			Street Address		
City Somerville	State NJ	Zip 08876	City	State	Zip
Secretary Name Mark O'Leary			Treasurer Name None		
Street Address 27 Dexter Road			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard Workman			Director Name		
Street Address 77 Second Street			Street Address		
City Somerville	State NJ	Zip 08876	City	State	Zip
Director Name George F. Taylor			Director Name		
Street Address 77 Second Street			Street Address		
City Somerville	State NJ	Zip 08876	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	\$1.00	500	Common	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Signature
Richard Workman

Print or Type Name

President

Title

Date
3/15/07

FILED	
File Date	APR 02 2007
Check No.	By <i>QPD 21842</i>
FOR SECRETARY OF STATE USE ONLY	



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96915 2. Name of Corporation Bowen Oil, Inc.
3. Street Address Principal Business Office 53B Harrington Avenue City Warwick State Rhode Island Zip 02888
4. Business Phone No. 401-461-5060 5. State of Incorporation Massachusetts 6. SIC Code

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

Sale and Delivery of Petroleum Products

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

President Name

Robert Kiernan

Street Address

53B Harrington Avenue

City Warwick State Rhode Island Zip 02888

Secretary Name

Mark O'Leary

Street Address

53B Harrington Avenue

City Warwick State Rhode Island Zip 02888

Vice President Name

Street Address

City State Zip

Treasurer Name

Street Address

City State Zip

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

Director Name

George F. Taylor

Street Address

77 Second Street

City Somerville State NJ Zip 08876

Director Name

Street Address

City State Zip

Director Name

Richard Workman

Street Address

77 Second Street

City Somerville State NJ Zip 08876

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 Common \$1.00

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500 Common \$1.00

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

FILED

File Date: 1 SEP 24 2002

Check No.: By C# 63 281939

By: _____

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.

Robert K. Kiernan 7-15-02
Signature of Officer Date

Robert Kiernan

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

Bowen Oil, Inc.

3. Street Address Principal Business Office

53B Harrington Avenue

City

Warwick

State

Rhode Island

Zip

02888

4. Business Phone No.

401-461-5060

5. State of Incorporation

Massachusetts

6. SIC Code

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

Sale and Delivery of Petroleum products

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

President Name

Robert Kiernan

Vice President Name

Street Address

53B Harrington Avenue

Street Address

City State Zip

Warwick Rhode Island 02888

City State Zip

Secretary Name

Mark O'Leary

Treasurer Name

Street Address

53B Harrington Avenue

Street Address

City State Zip
Warwick Rhode Island 02888

City State Zip

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

Director Name

George F. Taylor

Director Name

Richard Workman

Street Address

77 Second Street

Street Address

77 Second Street

City State Zip
Somerville NJ 08876

City State Zip
Somerville NJ 08876

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 Common \$1.00

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500 Common \$1.00

RECEIVED
SECRETARY OF STATE
CORPORATE DIV.
SEP 24 12 01 PM '02

FILED

File Date: SEP 24 2002

Check No.: By 201939

By: _____

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.

Robert K. Kiernan 7-15-02
Signature of Officer Date

Robert Kiernan, President

Print or Type Name of Officer

Title of Officer

5

Form 640 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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)

1. Corporate ID No.

2. Name of Corporation

96915

BOWEN OIL, INC.

3. Street Address Principal Business Office

120 Danforth Street

City

Rehoboth

State

MA

Zip

02769

4. Business Phone No.

508-252-8083

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

3558

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

oil delivery

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Paul Bowen

Vice President Name

Paul Bowen

Street Address

120 Danforth Street

Street Address

120 Danforth St

City

Rehoboth

State

MA

Zip

02769

City

Rehoboth

State

MA

Zip

02769

Secretary Name

Paul Bowen

Treasurer Name

Paul Bowen

Street Address

120 Danforth Street

Street Address

120 Danforth Street

City

Rehoboth

State

MA

Zip

02769

City

Rehoboth

State

MA

Zip

02769

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

none

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

common

\$1.00 pv

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



* 9 6 9 1 5 *

File Date: FILED

Check No.: MAY 08 2000

By: 30MD 3851

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.

Paul Bowen
Signature of Officer Date

Paul Bowen
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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. **96915** 2. Name of Corporation **BOWEN OIL, INC.**
3. Street Address Principal Business Office **120 Danforth Stret** City **Rehoboth** State **MA** Zip **02769**
4. Business Phone No. **508-252-6218** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **3558**
7. Brief Description of the Character of Business Conducted in Rhode Island

Oil Delivery

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

President Name **Paul E. Bowen** Vice President Name **Paul E. Bowen**
Street Address **120 Danforth St** Street Address **120 Danforth St**
City **Rehoboth** State **MA** Zip **02769** City **Rehoboth** State **MA** Zip **02769**
Secretary Name **Paul E. Bowen** Treasurer Name **Paul E. Bowen**
Street Address **120 Danforth St** Street Address **120 Danforth St**
City **Rehoboth** State **MA** Zip **02769** City **Rehoboth** State **MA** Zip **02769**

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

Director Name **Paul E. Bowen** Director Name **none**
Street Address **120 Danforth St** Street Address **none**
City **Rehoboth** State **MA** Zip **02769** City **Rehoboth** State **MA** Zip **02769**
Director Name **none** Director Name **none**
Street Address **none** Street Address **none**
City **Rehoboth** State **MA** Zip **02769** City **Rehoboth** State **MA** Zip **02769**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 SHS Common \$1.00 PV

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



File Date: **04-07-99**

Check No.: **3044**

By: **JD**

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.

Paul E. Bowen 2/9/99
Signature of Officer Date

Paul E. Bowen
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

96915 BOWEN OIL, INC.

3. Street Address: Principal Business Office

120 DANFORTH STREET

City

REHOBOTH

State

MA

Zip

02769

4. Business Phone No.

1-508-252-6218

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

3558

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

OIL DELIVERY

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

President Name

PAUL E. BOWEN

Vice President Name

PAUL E. BOWEN

Street Address

120 Danforth Street

Street Address

120 Danforth Street

City

REHOBOTH

State

MA

Zip

02769

City

REHOBOTH

State

MA

Zip

02769

Secretary Name

PAUL E. BOWEN

Treasurer Name

PAUL E. BOWEN

Street Address

120 Danforth Street

Street Address

120 Danforth Street

City

Rehoboth

State

MA

Zip

02769

City

Rehoboth

State

MA

Zip

02769

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

Director Name

PAUL E. BOWEN

Director Name

Street Address

120 Danforth Street

Street Address

City

REHOBOTH

State

MA

Zip

02769

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 COMM \$1.00 PAR VALUE

\$1.00

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000 SHS

common

\$1.00 Par V.

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



* 9 6 9 1 5 *

File Date: 4/3/98

Check No.: 1133

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 of Officer

PAUL E. BOWEN

Date

Print or Type Name of Officer

Secretary

Title of Officer