

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 101,222,3010

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 2005

Filing Period: January 1 - Mo (FORM MUST BE TYPED OR PRIN		ç Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporation				
80218 3 Street Address Prenciped Business O	Pier Fuel, Inc.		City C	State	Zip
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1. Business Phone No. 401 789 94	(Q()	5. State of Incorporation			6. SIC Code
7. Brief Description of the Character of TO BUY, SELL, DISPOSE	T Conducted in A	RHODE ISLAND	NGELIEL DETROLEUM		5090
8. NAMES AND ADDRESSES				CES BEFORE USING A	TTACHMENTS
President Name	00 11 1/	1	Vice President Name		1/
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50 Bu	chwood'	<u>D.</u>	50 B	sinchwood	D.
City Dana.	State RI	Zip 0288Z	City Naua	State RI	^{2.ip} 07.887
Screwing Name Kewin E	Mulhall	ad	Treasurer Name L	· Mulholla	and
Street Address Saml	·	 	Sircei Address	0	•
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES	 OF THE DIRECTOR	 S:	: :ACHMENT) □ FILL IN SI	PACES BEFORE USING	ATTACHMENTS
Director Name		•	Director Name	. • .	,
Sines Address			Street Address		
City	State	Zip 	City	State	Zip
Director Name	J	.J.:	Director Name		
Street Address		·	Street Address		
City	State	Z(p	City	State	Zip
10. SHARES AUTHORIZED (("X" BOX FOR ATT	 ACHMENT) []	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	 (<i>™</i>)
Number of Shares	Class Series	Par Value	Number of Shares	Glass/Series	Par Value
400 NO PAR VALUE			100	Common	None
This report must be s	igned in ink by eith	er the President, Vice Pr	resident. Secretary, Assistant S	Secretary, Treasurer, Rec	eiver or Trustee
\$200 \$100 \$100 \$100 \$100 \$100 \$100 \$100			Linder penalty of periury	r, I declare and affirm that I	have examined this export
		יי	including any accompan	lying schedules and stateme	
File Date	:n		contained herein are true	e and correct.	U 3/1/05
Check No. MAR-0-3	12005 287	\triangleright	Signature of Officer	C. Mulh	Day
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FOR SECRETARY OF STA	TE USE ONLY			0	
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State, 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 VEAR

Corporate ID No.	2. Name of Corpore	ition	· · ·		· ·
80218	Pier Fuel, Inc				
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HOL DSC	79490	5. State of Incorporation			G. SIC Code
irief Description of the Chara	ecter of Business Conducted		_		5090
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Kevin	E. Mulho	lland	Vice President Name	n L. Mulha	land
Address C	ichword -	-i).	Street Address	care	
Maria	State KI	Zip 07.887_	City	State	Zip
etary Name	E M 11	······································	Treasurer Name		whollad
Address	<u></u>	olland	Street Address		SHICK
	State	Zip	City	Sac	Zip
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AMES AND ADDRES	SES OF THE DIRECT	TORS: ("X" BOX FOR A	Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS
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	State	Zip	City	State	Zip
cor Name	I	J	Director Name		
rt Address			Street Address		
	State	Zip	City	State	Zip
SHARES AUTHORIZ	 ED <i>("X" BOX FOR A</i>	NTTACHMENT) [("X" BOX FOR ATTACHE	MENT) [
HORIZED SHARES ther of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
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		_	<u> </u>	Con	
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rins report most	be signed in link by	ettiet the Fleshdeitt, vict	e Fresident, Secretary, Assis	tant Secretary, Treasurer, F	receives of trustee
		[1 			_
			Under penalty of p	erjury, I declare and affirm tha	at I have examined this n
`	8 0 2 1 8	· * ¬	including any acco	impanying schedules and state	
Date			Contained nerein a	re true and correct.	2/21/2
		_	Signature of Officer	00 111	Daté
ck No.	· ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-	Han L	Mulholland	<u> </u>
	1(1)	સંહ	Print or Type Name	of Officer O	
	F STATE USE ONLY	リ^			



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 2003

Filling Period: January 1-March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. Corporate ID No. 2. Name of Corporation 80218 Pier Fuel, Inc. 3. Street Address Principal Business Office Celestial S. State of incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island 5090 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" ROX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Ann L. Mulhollard Street Address Street Address City City Treasurer Name Secretary Name Street Address City City

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip City Director Name Director Name Street Address Street Address State Zip Zip City City State

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

AUTHORIZED SHARES

400 NO PAR VALUE

Number of Shares

Class/Series

Par Value

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

ESSUEED SHARES

Number of Shares

Class/Series

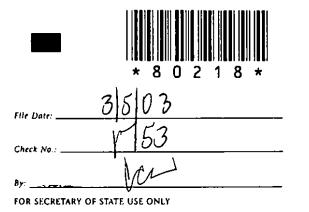
Par Value

100

Common

1 13/18

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



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

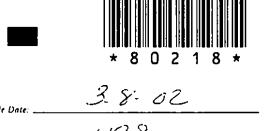
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PILEASE REALD: INSTRUCTIONS

Filing Period: Januar	y 1-March 1 •	Filing Fee: \$50.00			INSTRUCTIO
FORM MUST BE TYPED IN BL	ACK)				
. Corporate ID No.	2. Name of Gosporal				
80218	Pier Fuel, In	C.		_	
l. Street Address Principal Busines	· ·		City	State T	28870
14 Celestial	٠ الم	f forth of languages	mount.	1_1	6. SIC Code
1. Business Phone No. 401-789-0	1490	S. State of Incorporation RHODE ISLANI	n		5090
TO (•		-
	oil Denl				
ا المركبي B. NAMES AND ADDRE			CHMENT) FILL IN SPAC	ES BEFORE USING ATTAC	CHMENTS
resident Name			Vice President Name		•
Kevin E	Mulholl	and	Ar	in L. Mul	holland
			Street Address	O - •	•
50 BMC	hwood To			Sane	
City Co.	State RT	2ip 07667	City	State	Zip
1 HUNZC	1	0,000			
ecretary Name	E. Mulha	110 1	Treasurer Name	n L. Mul	billand
NEW VIII	C. Moina	711(1.00)		7, 0 , 1, 101	1.01(1.50
So.	.c. 9		Jitti Muuity	Sanz	
Juy Juy	State	Zip	City	State	Zip
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Director Name			Director Name		
treet Address			Street Address		
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lity	State -	Zip	City	State	Zip
Director Name	-		Director Name		• •
SUFFERN MARKE			Director Hume		
treet Address			Street Address		
Itty	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUEI) ("X" BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ISSUITO SHARES		
Cumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE			100	Commo	n none
			, 5 -	CORMO	11011

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

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TOR SECRETARY OF STATE USE ONLY

this report, including any accompanying that all statements contained herein are

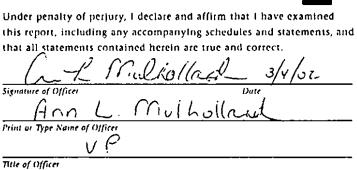
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Line in that all statements contained herein are

Signature of Officer

Print or Type Name of Officer

V





FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street, Providence, RI 02903-133. 401-222-304%

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201

STOP PLEASE READ INSTRUCTIONS

•	iary 1-March 1 • .	Filing Fee: \$50.00			INSTRUCTIONS
FORM MUST BE TYPED IN					
1. Corporate ID No. 300215	2 Name of Corporation	7 / -7	<u>nc</u>		
3. Street Address Principal Bu	extine D	አ.	na	State RI	07.502
4 Business Phone No.	89 9490	5. State of Incorporation			6 SIC Code
	aracter of Business Conducted in	Rhode Island	-		
8. NAMES AND ADD	PRESSES OF THE OFFICE	CERS ("X" BOX FOR ATTACH	MENT) OFILL IN SPACES	BEFORE USING ATTACHMI	ENTS
President Name	E. Mulha	lland	Vice President Name	in L. Mull	folland
Street Address 50	Buchwood	D1.	Street Address	Sane	
ama ama	State RT	07587	City	State	.Zip
Secretary Name Keur	n E. Mul	holland	Treasurer Name ACV	1 C. Mulled	land
Street Address	Sane-		Street Address	Pane	
Cos	State	Zip	City	State	Zip
Director Name	DRESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	Director Name	ES BEFORE USING ATTACH	MENTS
Street Address - -			Street Address		
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Director Name			Director Name		
Street Address			Street Address		
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Number of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Volue
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This report must be	signed in ink by eith	er the President, Vice I	Under penalty of p	istant Secretary, Treasurer	at I have examined
10	12-01			ng any accompanying schedul contained herein are true and	

Print or Type Name of Officer



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

STOP PLI INE READ PASTREE HOSS

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(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No. 80218	2. Name of Corp Pier Fu				
3. Street Address Principal Busi	iness Office	•	·· city Dana	state RI	· zip 07887
4. Business Phone No.	9490	5. State of Incorporat RHODE ISLA		- · · ·	6. SIC Code 5090
7. Brief Description of the Char	acter of Business Conducto	ed in Rhode Island			
8. NAMES AND ADDI	RESSES OF THE OI	FICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING ATTACHI	MENTS
President Name	/ 5	a 1 1	Vice President Name		1
Street Address	.E.Mu	Cholland	Street Address	nn L. Mull	iolland
50 Silv 0	Buchw	od D.		Same	•
Paria	RI	_ "OZ887	4	State	Zip
Secretary Name Keu	in E. N	nulkolland	Treasurer Name	Ann L. Mu	Tholland
Street Address	Same		Street Address	Sono.	
City	State	Zip	City	State	Zip
9. NAMES AND ADDI	RESSES OF THE DI	RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTAC	HMENTS
Street Address:	•		Street Address	· · · ·	٠.
City	State	Zip	City	State	Zip
Director Name	• • • • •		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	IZED (*x* BOX FOR A	TTACHMENT)	11. SHARES ISSUED) (*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS 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

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ile Date:	3/17/00
Theck No.: _	5887
y:	Ze
-	ARY OF STATE USE ONLY

Under penalty of perjury	, I declare and affirm that I have e	xamined
this report, including an	y accompanying schedules and sta	tements, and
that all statements conta	sined herein are true and correct.	
	f m. 00,111	3/14/
Signature of Officer	Date /	
Ann L	Mulkelland	

Print or Type Name of Officer

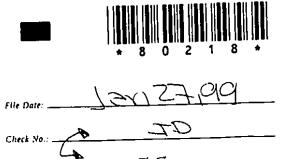


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

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RM MUST BE TYPED IN BL	ACK) 2. Name of Corpora	stion			- -
orporate ID No 80218	- Pier Fuel, I		-		: عاد Zip
ireet Address Principal Busine	•	•	City	State	07.882
14 Celesti	al Di	<u></u>	· · · · · · · · · · · · · · · · · · ·	N_i	6. SIC Code
Business Phone No.	OVG.3	5. State of Incorporation RHODE ISLAN			5090
401- 184-	4470			•	
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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 Print or Type Name 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

STOP

OFFICE READ INVIRUCTIONS

Filing Period: January 1	-March 1 • Fili	ing Fec: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLACK	<i>(</i>)				
1. Corporate ID No.	2. Name of Corporation			· •	
80218	Pier Fuel, Inc.				
3. Street Address Principal Business Of	fice		City	Stole	Zip
4. Business Phone No.	ひ・	5. State of incorporation	Ilma	KT	0 2852 6. SIC Code
401 - 789 - 94 7. Brief Description of the Character of		RHODE ISLAND te Island			5090
7 COL 8. NAMES AND ADDRESSE	OIL deale		(ENT)		
President Name Kevin	E. Mulko	4	Man Breeddane Manne	nn L. Mulh.	olland
Street Address 50 BU	nchwood -	D.	Street Address	Same	- ,
nava .	State RI	02882	City	State	Zip .
Secretary Name Ann L	. Mulholle	ind	Treasurer Name	evin E. Mulh	olland
Street Address Sun	l		Street Address	Same	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) 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 AUTHORIZED SHARES	(*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUES	D (*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS NO PAR VAL	UE		100	Common	no panual

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

	* 8 0 2 1	8 *
File Date:	2.27.98	
Check No.:	4273	
Ву: <u></u>	ICP	\ \
	ARY OF STATE USE ONLY	7

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

Ann L. Mulkelland

Print or Type Name of Officer



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

PROFIT CORPORATION ANNUAL REPORT 1997

illing Period: Ja	nuary 1-March 1 •	Filing Fee: \$50.0	10		COMPLETING
FORM MUST BE TYPED . Corporate ID No.) IN BLACK) 2. Name of Corpo	tation	A BASIC LICENSES		THETORY
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. Business Phone No.		S. State of Incorpore RHODE IS			6. SIC Code 5090
	39-9490	•	DEAND		•
· · · · · · · · · · · · · · · · · · ·	Character of Business Conducte	d in Rhode Island			
tue	Dealer				
. NAMES AND AL	DDRESSES OF THE OF	FICERS ("X" BOX FOR A	TTACHMENT)		
resident Name	C 00 11	: / 1	Vice President Nume	$I \sim iI$	0.1
Kevin	LE. Mulho	llard	Hnr	, L. Mulh	iolland
treet Address			Street Address		
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Han	L. Mulhal	land	Ne	um 6.11	Julholland
treet Address			Street Address		
S	ane		Sam	2_	
ity	State	Zip	City	State	Zip
). NAMES AND AI	DDRESSES OF THE DI	RECTORS (*x* BOX FO	R ATTACHMENT) Director Name		
treet Address			Street Address	•	
lity	State	Zip	City .	State	Zip
Director Name		• •	Director Name	•	•
treet Address			Street Address		
lity	State	Zip	City	State	Zip
O. SHARES AUTH	IORIZED AND ISSUED	("X" BOX FOR ATTACHM	ENT)		
AUTHORIZZED SHARES			ISSUED SHARES		
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS NO	PAR VALUE		200	(omma	ρ γ)

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

	* 8 0 2 1 8 *
File Date:	3.10.97
Check No.:	3328
Вуг	10P / 196
FOR SECRETA	ARY 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

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Comparations Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

	2. NAME OF CORPORATION	PLEASE TYPE OR P	RINT IN BLACK INK.		
I, CORPORATE ÎD 140.	, ,		e gray a gant de gantes para de Mallace de la gantes de la gantes		2
80218 3 STREET ADDRESS PRINCIPAL BUSINESS O	'—————————————————————————————————————	Fuel, Inc.	··· ary	STATE	ZP C00£
_	lestial D		'naua'.	·RI	05825
BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6 SiC COOE
401-789-94 RHODE			LAND		15090
	ting oil Re	tailer			
	8. N A	MES AND ADDRI	ESSES OF THE OF	FICERS	
RESIDENT NAME Kevin	E. Mulhall	rid	· Ann	L. Mull	islland:
	nelword D		STREET ADDRESS	Buchusoo	
nua	SIATE	219 COOR - 2 K82	1014 Nava	STATE	2F 000E 07.38Z
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mgg (gr) taong			à.		
STREET ADDRESS			STREET ADDRESS		
YIK	STATE	<i>D</i> P C00€	άίΥ	STATE	ZIP COOE
DIRECTOR HAME			ORECTOR NAME	1	_1
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STREET ADDRESS			STREET ADDRESS		
YIC	STATE	2IP C00E	an	STATE	2P C006
	10. S	HARES AUTHORI	ZED AND ISSUED		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
400 SHS NO PAR VALUE			. 100	Common	no pre value
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This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date: 015194 _	
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Check No: (V)	ı
By: ME54 1 P	
For Secretary of State Use Only	

(in L 1)	Pullalland
Signature of Officer	
Ann L. M	Iulholland
Print or Type Name of Officer	
V, P.	2/2/96
Title of Officer	Date

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.

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

CL# 1382 PH 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.

0080218 Corporate ID:	Annual Report for the year:		
Pier Fuel, Inc.			
Business entity organized under the laws of the State of:R	Business Entity is (check one):		
Phone: () Address and telephone of the principal office of business entity in Rho Island (Provide street address - Not P.O. Box):			
14 (destral D1 Canagained RI 02882 Phone: (401) 789-9490			
PRESIDENT THE NAME OF THE NAME	MES OF THE OFFICERS ARE: STREET ADDRESS CITY/STATE ZIP CODE		
VICE PRESIDENT A CONTROL OF A LIVER AND A	SUBUCKURADO. Dana RI OZESZ STRET ADDRESS CITYOTATE ZIPCODE		
SECRETARY Ann L. Mulholland	STREET ADDRESS CITY/STATE ZIP CODE		
Kevin E. Mulholland	STREET ADDRESS CETY/S FATE ZIP CODE		
	IES OF THE DIRECTORS ARE: STREET ADDRESS CITY/STATE ZIP CODE		
Name	STREET ADDRESS CTTY/STATE 71P CODE		
NAME	STREET ADDRESS CITY/STATE Z:P CODE		
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		
400 Common	100 Common		
Date	By: an L Mulfalland, V. Pires.		
Form 31 1/95	TITLE OF OFFICER SIGNING PAR L. MUTHOLICA D. TITLE OF OFFICER SIGNING V. P.		
	ERED AGENT FOR SERVICE OF PROCESS:		
PLEASE NOTE. If the registered office and/or registered agent ind	neated below is incorrect, Form 9 must be filed.		

KEVIN E. MULLHOLLAND 50 BIRCHWOOD DRIVE NARRAGANSETT RI 02882

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