RI SOS Filing Number: 201986077220 Date: 2/6/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
105261	**Scituate Fuel Island, Inc.**		
3. Principal Office Address	City	State	Zip
1375 Warwick Avenue	**Warwick**	**RI**	**02888**
4. NAICS Code **324110**	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation **RI**	**to sell fuel or in any manner deal in petroleum products**		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Barbara A. D'Allesandro	**90 Peeptoad Road**	**North Scituate**	**RI**	**02857**

Vice-President Name	Street Address	City	State	Zip
Eugene K. D'Allesandro Jr.	**26 Greenhill Road**	**Johnston**	**RI**	**02919**

Secretary Name	Street Address	City	State	Zip
Barbara A. D'Allesandro	**90 Peeptoad Road**	**North Scituate**	**RI**	**02857**

Treasurer Name	Street Address	City	State	Zip
Donna Rescio	**6 Heath Street**	**Johnston**	**RI**	**02919**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Barbara A. D'Allesandro	**90 Peeptoad Road**	**North Scituate**	**RI**	**02857**

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	**Common**	**No Par Value**

11. 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.

Name of Authorized Representative	Date
Barbara A. D'Allesandro	1/28/19

Signature of Authorized Representative: Barbara A. D'Allesandro — SIGN DOCUMENT HERE — FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 06 2019
BY 196 DS

FORM 630 - Revised: 10/2017