RI SOS Filing Number: 201902770570 Date: 7/9/2019 4:00:00 PM

State of Rhode Island			sen:	RECEIVED		
Department of State - Business Se Annual Report for the year: 2019			COM ONA TONE ET			STARP
Corporation = 2010			2019 JUL -9 , AM 10: 37			
<ul> <li>→ Filing period: January 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.0</li> </ul>		ot filed by April 1.		•		
1. Entity ID Number	2. Exact nar	ne of the Corporation	on -		·	· · · · · · · · · · · · · · · · · · ·
1678748	BMC PE	TROLEUM IN	CII			
3. Principal Office Address	1		City		State	·- Zip
936 CRANSTON STREET			CRANSTON	1	RI	02920
4. NAICS Code		cription of the chara	cter of business co	onducted in Rhode	e Island	I
<sup>7110</sup> 00	RETAILSAI	LES		٠		
5. State of Incorporation RI						
7. List ALL officers (names and	addresses)		·	t Che	ck the box to ind	icate an attachment
President Name BASSAM CHEBBO			Vice-President Name			
Street Address 40 DOUGLAS PII	KE		Street Address	1		·
City SMITHFIELD	State RI	<sup>Zip</sup> 02917	City	† :	State	Zip -
Secretary Name	1		Treasurer Name	e		
Street Address			Street Address	•		•
City	State	Zip	City	<del></del>	State	Zip
8. List ALL directors (names and	d addresses)	· · · · · · · · · · · · · · · · · · ·		. Che	ck the box to ind	icate an attachment
Director Name	1 		Director Name			
Street Address	•		Street Address	<del></del>	<del></del>	
City	State	Zip	City		State	Zip
Director Name	<del></del>	<u>.                                    </u>	Director Name			
Street Address			Street Address			
City	State	Zip	City	1	State	Zip
9. Shares Authorized	1	¹ 10. Shares Is				icate an attachment
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		STK \$0.0100	
11. This report must be execute	d on behalf of the	corporation by an	authorized represe	entative. If the cor	poration is in the	hands of a receiver or
trustee, this report must be executive under penalty of perjury, I dec	clare and affirm	that I have examin	ed this report, in		ompanying sch	edules and
statements, and that all states Name of Authorized Representa		<u>i herein are true al</u>	nd correct.	<u> </u>	Date	· · · · · · · · · · · · · · · · · · ·
BASSAM CHEBBO PRESIDEN	•				7/9	115
Signature of Authorized Repres	entative	SIGN DC	FILED CUMENT HERE	•	///	
L/////	<del>,</del>		JUL 0 9 2019			, 
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rh	ode Island 02904-2	e615 <b>R</b> √	1 jK	2129		
Phone: (401) 222-3040 Website: www.sos.ri.gov		-,-		10137	FOR	RM 630 - Revised: 10/2017