



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

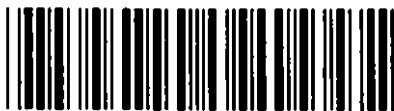
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 105261		2. Name of Corporation SCITUATE FUEL ISLAND INC.		
3. Street Address Principal Business Office 1375 Warwick Avenue		City Warwick	State RI	Zip 02888
4. Business Phone No 401-463-5600		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL AT WHOLESALE OR RETAIL FUEL OIL OR IN ANY MANNER DEAL IN PETROLEUM PRODUCTS, HEATING, MANUFACTURING.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Barbara A. D'Allesandro		Vice President Name Donna Rescio		
Street Address 90 Peepload Road		Street Address 6 Heath Street		
City N. Scituate	State RI	Zip 02857	City Johnston	State RI
Secretary Name Barbara A. D'Allesandro		Treasurer Name Walter Karspeck		
Street Address 90 Peepload Road		Street Address 26 Greenhill Road		
City N. Scituate	State RI	Zip 02857	City Johnston	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Barbara A. D'Allesandro		Director Name Donna Rescio		
Street Address As above		Street Address As above		
City	State	Zip	City	State
Director Name Dianna Aguiar		Director Name		
Street Address 105 Charlotte Drive		Street Address		
City Warwick	State RI	Zip 02886	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM NO PAR VALUE			500	Common
				No Par Value

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



105261

File Date	FILED
Check No.	FEB 11 2005
By:	By <i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY. <i>[Initials]</i>	

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] 2/9/05
Signature of Officer Date

Barbara A. D'Allesandro

Print or Type Name of Officer

President

Title of Officer



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
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401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 105261		2. Name of Corporation SCITUATE FUEL ISLAND INC.			
3. Street Address Principal Business Office 1375 Warwick Avenue			City Warwick	State RI	Zip 02888
4. Business Phone No. 401-463-5600		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL AT WHOLESALE OR RETAIL FUEL OIL OR IN ANY MANNER DEAL IN PETROLEUM PRODUCTS, HEATING, MANUFACTURING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Barbara A. D'Allesandro			Vice President Name Donna Rescio		
Street Address 90 Peeptoad Road			Street Address 6 Heath Street		
City N. Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
Secretary Name Barbara A. D'Allesandro			Treasurer Name Walter Karspeck		
Street Address 90 Peeptoad Road			Street Address 26 Greenhill Road		
City N. Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Barbara A. D'Allesandro			Director Name Donna Rescio		
Street Address As above			Street Address As above		
City	State	Zip	City	State	Zip
Director Name Dianna Aguiar			Director Name		
Street Address 105 Charlotte Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			500	Common	No Par Value

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



* 1 0 5 2 6 1 *

File Date	2/27/04
Check No.	2075
By:	100
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: Barbara A. D'Allesandro Date: 2/26/04
Print or Type Name of Officer: Barbara A. D'Allesandro
Title of Officer: President

Scituate Fuel Island, Inc.. ID No: 105261

8. Cont'd.

Assistant Treasurer: Dianna Aguiar
105 Charlotte Drive
Warwick, RI 02886



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

105261

2. Name of Corporation

SCITUATE FUEL ISLAND INC.

3. Street Address Principal Business Office

1375 Warwick Avenue

City

Warwick

State

RI

Zip

02888

4. Business Phone No.

401-463-5600

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

sell at wholesale or retail fuel oil or in any manner deal in petroleum products

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

President Name

Barbara A. D'Allesandro

Vice President Name

Donna Rescio

Street Address

90 Peeptoad Road

Street Address

6 Heath Street

City

N. Scituate

State

RI

Zip

02857

City

Johnston

State

RI

Zip

02919

Secretary Name

Barbara A. D'Allesandro

Treasurer Name

Walter Karspeck

Street Address

90 Peeptoad Road

Street Address

26 Greenhill Road

City

N. Scituate

State

RI

Zip

02857

City

Johnston

State

RI

Zip

02919

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

Director Name

Barbara A. D'Alleandro

Director Name

Donna Rescio

Street Address

Street Address

City

As above

State

Zip

City

As above

State

Zip

Director Name

Dianna Aguiar

Director Name

Street Address

Street Address

105 Charlotte Drive

City

Warwick

State

RI

Zip

02886

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

No Par Value

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



* 1 0 5 2 6 1 *

File Date: 2/20/03

Check No.: 2030

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.

Barbara A. D'Allesandro 2/11/03
Signature of Officer Date

Barbara A. D'Allesandro

Print or Type Name of Officer

President

Title of Officer



Form 630 12/02

Scituate Fuel Island, Inc.. ID No: 105261

8. Cont'd.

Assistant Treasurer: Dianna Aguiar
105 Charlotte Drive
Warwick, RI 02886



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. 105261 2. Name of Corporation SCITUATE FUEL ISLAND INC.
3. Street Address Principal Business Office 1375 Warwick Avenue City Warwick State RI Zip 02888
4. Business Phone No. 401-463-5600 5. State of Incorporation RHODE ISLAND 6. SIC Code 0

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

sell at wholesale or retail fuel oil or in any manner deal in petroleum products

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

President Name <u>Barbara A. D'Allesandro</u> Street Address <u>90 Peeptoad Road</u> City <u>North Scituate</u> State <u>RI</u> Zip <u>02857</u>	Vice President Name <u>Donna Rescio</u> Street Address <u>6 Heath Street</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>
Secretary Name <u>Barbara A. D'Allesandro</u> Street Address <u>90 Peeptoad Road</u> City <u>N. Scituate</u> State <u>RI</u> Zip <u>02857</u>	Treasurer Name <u>Walter Karspeck</u> Street Address <u>26 Greenhill Road</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>

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

Director Name <u>Dianna Aguiar</u> Street Address <u>105 Charlotte Drive</u> City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>	Director Name <u>Donna Rescio</u> Street Address <u>6 Heath Street</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>
<u>Barbara A. D'Allesandro</u> Street Address <u>90 Peeptoad Road</u> City <u>N. Scituate</u> State <u>RI</u> Zip <u>02857</u>	

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000 COMM NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>500</u>	<u>Common</u>	<u>No Par Value</u>

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



* 1 0 5 2 6 1 *

File Date: 2-28-02

Check No.: 1497

By: Km

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.

Barbara A. D'Allesandro 2/20/02
Signature of Officer Date

Barbara A. D'Allesandro
Print or Type Name of Officer

President
Title of Officer



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. **105261** 2. Name of Corporation **SCITUATE FUEL ISLAND INC.**

3. Street Address Principal Business Office **1375 Warwick Avenue** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. **401-463-5600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
sell at wholesale or retail fuel oil or in any manner deal in petroleum products

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

President Name Barbara A. D'Allesandro	Vice President Name Donna Rescio
Street Address 90 Peepoad Road	Street Address 6 Heath Street
City N. Scituate State RI Zip 02857	City Johnston State RI Zip 02919
Secretary Name Barbara A. D'Allesandro	Treasurer Name Walter Karspeck
Street Address 90 Peepoad Road	Street Address 26 Greenhill Road
City N. Scituate State RI Zip 02857	City Johnston State RI Zip 02919

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

Director Name Dianna Aguiar	Director Name Donna Rescio
Street Address 105 Charlotte Drive	Street Address 6 Heath Street
City Warwick State RI Zip 02886	City Johnston State RI Zip 02919
Director Name Barbara A. D'Allesandro	Director Name
Street Address 90 Peepoad Road	Street Address
City N. Scituate State RI Zip 02857	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 Common No Par Value

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



* 1 0 5 2 6 1 *

File Date: 2/16

Check No.: 1454

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.

Barbara D'Allesandro 2-14-01
Signature of Officer Date

Barbara A. D'Allesandro
Print or Type Name of Officer

President
Title of Officer

2001 Annual Corporate Report

SCITUATE FUEL ISLAND, INC.

ID No: 105261

8. (Continued)

Assistant Treasurer:

Dianna Aguiar

105 Charlotte Drive

Warwick, Rhode Island 02886



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

105261

SCITUATE FUEL ISLAND INC.

3. Street Address Principal Business Office

City

State

Zip

90 Peeptoad Road

North Scituate

RI

02857

4. Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

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

sell at wholesale or retail fue oil or in any manner deal in petroleum products

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

President Name

Vice President Name

Barbara A. D'Allesandro

Donna Rescio

Street Address

Street Address

90 Peeptoad Road

2208 Plainfield Pike

City

State

Zip

City

State

Zip

N. Scituate

RI

02857

Johnston

RI

02919

Secretary Name

Treasurer Name

Barbara A. D'Allesandro

Walter Karspeck

Street Address

Street Address

90 Peeptoad Road

26 Greenhill Road

City

State

Zip

City

State

Zip

N. Scituate

RI

02857

Johnston

RI

02919

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

Director Name

Director Name

Dianna Aguir

Donna Rescio

Street Address

Street Address

105 Charlotte Drive

2208 Plainfield Pike

City

State

Zip

City

State

Zip

Warwick

RI

02886

Johnston

RI

02919

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

500

Common

No Par Valu

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



* 1 0 5 2 6 1 *

File Date: 1/27/00

Check No.: 5326

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] 1/21/00
Signature of Officer Date

Barbara A. D'Allesandro
Print or Type Name of Officer

President
Title of Officer