



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divs.
100 North Main St
Providence, RI 02903-15
401.222.36

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)

Form with sections for Corporate ID No, Name of Corporation, Street Address, Business Phone No, State of Incorporation, Brief Description of Business, Officers (President, Vice President, Secretary, Treasurer), Directors, Shares Authorized, and Shares Issued.

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



73287

FOR SECRETARY OF STATE USE ONLY
File Date: 7-5-05
Check No.: 051804
By: [Signature]

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: [Signature]
Date: 6/30/05
Print or Type Name of Officer: Donald Herzog
Title of Officer: President



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

Matthew A. Brown, Secretary of State

Corporations Div.
100 North Main St.
Providence, RI 02903-1
401.222.3

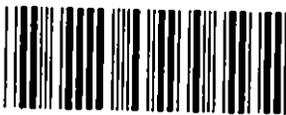
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 73287		2. Name of Corporation East River Oil Company, Inc.		
3. Street Address Principal Business Office 401 Soundview Rd			City Guilford	State CT
4. Business Phone No. 203 453 1200		5. State of Incorporation CONNECTICUT		Zip 06437-0380
6. SIC Code 2659				
7. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION OF PETROLEUM PRODUCTS OF ALL KINDS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Donald Herzog		Vice President Name		
Street Address Po Box 388		Street Address		
City Guilford	State CT	Zip 06437	City	State
Secretary Name		Treasurer Name Edward Walker		
Street Address		Street Address 401 Soundview Rd		
City	State	Zip	City Guilford	State CT
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Donald Herzog		Director Name		
Street Address Po Box 388		Street Address		
City Guilford	State CT	Zip 06437	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
5,000 COMM NO PAR VALUE			200	Common
				None

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



* 7 3 2 8 7 *

File Date 6/7/04
Check No. 029580
By: W.

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 Date 6/4/04
Print or Type Name of Officer Donald Herzog
Title of Officer President



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. **73287**
2. Name of Corporation **East River Oil Company, Inc.**
3. Street Address Principal Business Office
401 SoundView Rd
4. Business Phone No. **203 453 1200**
5. State of Incorporation **CONNECTICUT**
7. Brief Description of the Character of Business Conducted in Rhode Island
Reseller of Petroleum Products

City **Guilford** State **CT** Zip **06437**
6. SIC Code **2659**

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

President Name **Donald Herzog**
Street Address **9 Blackstone Ave.**
City **Branford** State **CT** Zip **06405**

Vice President Name **Edward Walker**
Street Address **620 Nortontown Rd**
City **Guilford** State **CT** Zip **06437**

Secretary Name **Donald Herzog**
Street Address **9 Blackstone Ave**
City **Branford** State **CT** Zip **06405**

Treasurer Name **Edward Walker**
Street Address **620 Nortontown Rd**
City **Guilford** State **CT** Zip **06437**

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

Director Name **Edward Walker**
Street Address **620 Nortontown Rd**
City **Guilford** State **CT** Zip **06437**

Director Name **Donald Herzog**
Street Address **9 Blackstone Ave**
City **Branford** State **CT** Zip **06405**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	5,000	COMM NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	None

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



* 7 3 2 8 7 *

File Date **3.3.03**
Check No. **25489**
By: **UP**

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 **[Signature]** Date **2/28/03**

Print or Type Name of Officer **Donald Herzog**

Title of Officer **President**



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. **73287**
2. Name of Corporation **East River Oil Company, Inc**
3. Street Address Principal Business Office
401 Soundview Rd
4. Business Phone No. **203-453-1200**
5. State of Incorporation **CONNECTICUT**
7. Brief Description of the Character of Business Conducted in Rhode Island
Reseller of Petroleum Products

City **Guilford** State **CT** Zip **06437**
6. SIC Code **2659**

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

President Name **Donald Herzog**
Street Address **9 Blackstone Ave**
City **Branford** State **CT** Zip **06405**

Vice President Name **Edward Walker**
Street Address **620 Nortontown Rd**
City **Guilford** State **CT** Zip **06437**

Secretary Name **Donald Herzog**
Street Address **9 Blackstone Ave**
City **Branford** State **CT** Zip **06405**

Treasurer Name **Edward Walker**
Street Address **620 Nortontown Rd**
City **Guilford** State **CT** Zip **06437**

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

Director Name **Edward Walker**
Street Address **620 Nortontown Rd**
City **Guilford** State **CT** Zip **06437**

Director Name **Donald Herzog**
Street Address **9 Blackstone Ave**
City **Branford** State **CT** Zip **06405**

Street Address
City State Zip

Street Address
City State Zip

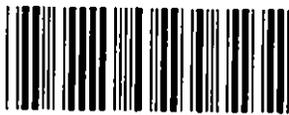
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common None

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



* 7 3 2 8 7 *

File Date: **5-28-02**
Check No.: **23203**
By: *[Signature]*

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 *[Signature]* Date **5/21/02**
Print or Type Name of Officer **Donald Herzog**

Title of Officer **President**



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. **73287** 2. Name of Corporation **East River Oil Company, Inc.**
3. Street Address Principal Business Office **401 Soundview Road P.O. Box 388 Guilford CT 06437**
4. Business Phone No. **203-453 1200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **2659**

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

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

President Name Edward Walker Street Address 620 Nortontown Rd City Guilford State CT Zip 06437	Vice President Name Donald Herzog Street Address 9 Blackstone Ave City Branford State CT Zip 06405
Secretary Name Donald Herzog Street Address 9 Blackstone Ave City Branford State CT Zip 06405	Treasurer Name Edward Walker Street Address 620 Nortontown Rd City Guilford State CT Zip 06437

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

Director Name Edward Walker Street Address 620 Nortontown Rd City Guilford State CT Zip 06437	Director Name Donald Herzog Street Address 9 Blackstone Ave City Branford State CT Zip 06405
---	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	5,000	Common w/A	None

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common w/A	none

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



* 7 3 2 8 7 *

File Date: 3/2
Check No: 19186
By: [Signature]

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: [Signature] Date: 2/27/01
Print or Type Name of Officer: Donald Herzog
Title of Officer: Vice President



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. **73287** 2. Name of Corporation **East River Oil Company, Inc. **TO DO BUSINESS UNDER FICTITIOUS NAME O**

3. Street Address Principal Business Office **401 SOUNDVIEW RD P.O. BOX 388** City **GUILFORD** State **CT** Zip **06437**

4. Business Phone No. **203-453-1200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **2659**

7. Brief Description of the Character of Business Conducted in Rhode Island
RESELLER, PETROLEUM PRODUCTS

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

President Name **EDWARD WALKER**
Street Address **620 NORTONTOWN RD**
City **GUILFORD** State **CT** Zip **06437**

Secretary Name **DONALD HERZOG**
Street Address **9 BLACKSTONE AVE.**
City **BRANFORD** State **CT** Zip **06405**

Vice President Name **DONALD HERZOG**
Street Address **9 BLACKSTONE AVE.**
City **BRANFORD** State **CT** Zip **06405**

Treasurer Name **EDWARD WALKER**
Street Address **620 NORTONTOWN RD**
City **GUILFORD** State **CT** Zip **06437**

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

Director Name **LAURY A. WALKER**
Street Address **620 NORTONTOWN RD**
City **GUILFORD** State **CT** Zip **06437**

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	5,000	COMMON W/A	NONE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	COMMON W/A	NONE

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



* 7 3 2 8 7 *

File Date: 3/19/00
Check No.: 16250
By: [Signature]

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] Date 2/28/00
Signature of Officer
Print or Type Name of Officer Edward Walker
Title of Officer President

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. **73287** 2. Name of Corporation **East River Oil Company, Inc. *DO BUSINESS UNDER FICTITIOUS NAME ONLY OF:**

3. Street Address Principal Business Office
401 SOUNDVIEW RD P.O. BOX 388 GUILFORD CT 06437

4. Business Phone No. **203-435-1200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **2859**

7. Brief Description of the Character of Business Conducted in Rhode Island
RESELLER, PETROLEUM PRODUCTS

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

President Name EDWARD WALKER Street Address 620 NORTONTOWN ROAD City State Zip GUILFORD CT 06437 Secretary Name DONALD HERZOG Street Address 9 BLACKSTONE AVE. City State Zip BRANFORD CT 06405	Vice President Name DONALD HERZOG Street Address 9 BLACKSTONE AVE. City State Zip BRANFORD CT 06405 Treasurer Name EDWARD WALKER Street Address 620 NORTONTOWN ROAD City State Zip GUILFORD CT 06437
--	---

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

Director Name LAURA A. WALKER Street Address 620 NORTONTOWN ROAD City State Zip GUILFORD CT 06437	Director Name Street Address City State Zip Director Name Street Address City State Zip
---	--

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

Number of Shares	Class/Series	Par Value
5,000	COMMON W/A	NONE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	COMMON W/A	NONE

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



File Date: 12/16/99
 Check No.: 12918
 By: [Signature]

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: [Signature] Date: 2/12/99
 Print or Type Name of Officer: **DONALD HERZOG**
 Title of Officer: **VICE PRESIDENT**

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. **73287** 2. Name of Corporation **East River Oil Company, Inc.** ****TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF:**

3. Street Address Principal Business Office
401 SOUNDVIEW RD City **GUILFORD** State **CT** Zip **06437**
4. Business Phone No. **203-453-1200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **2659**

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE OF PETROLEUM PRODUCTS

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

President Name EDWARD WALKER	Vice President Name DONALD HERZOG
Street Address 520 NORTONTOWN RD	Street Address 9 BLACKSTONE AVE.
City GUILFORD State CT Zip 06437	City BRANFORD State CT Zip 06405
Secretary Name DONALD HERZOG	Treasurer Name EDWARD WALKER
Street Address 9 BLACKSTONE AVE.	Street Address 620 NORTONTOWN RD
City BRANFORD State CT Zip 06405	City GUILFORD State CT Zip 06437

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

Director Name LAURA A. WALKER	Director Name
Street Address 620 NORTONTOWN RD	Street Address
City GUILFORD State CT Zip 06437	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
5,000	COMMON W/A	NONE

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	COMMON W/A	NONE

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



File Date: 2-23-98
Check No.: 10366
By: WP

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: [Signature] Date: 2/19/98
Name: **DONALD HERZOG**
Title: **VICE PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **73287** 2. Name of Corporation **East River Oil Company, Inc.**TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF**

3. Street Address Principal Business Office **401 SOUNDVIEW** City **GUILFORD** State **CT** Zip **06437**

4. Business Phone No. **203-453-1200** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **2659**

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE OF PETROLEUM PRODUCTS

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

President Name EDWARD WALKER	Vice President Name DONALD HERZOG
Street Address 620 NORTONTOWN RD	Street Address 6 BLACKSTONE AVE.
City GUILFORD State CT Zip 06437	City BRANFORD State CT Zip 06405
Secretary Name DONALD HERZOG	Treasurer Name EDWARD WALKER
Street Address 6 BLACKSTONE AVE.	Street Address 620 NORTONTOWN RD
City BRANFORD State CT Zip 06405	City GUILFORD State CT Zip 06437

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

Director Name LAURA A. WALKER	Director Name
Street Address 620 NORTONTOWN RD	Street Address
City GUILFORD State CT Zip 06437	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000	COMMON / W/A	NONE	200	COMMON / W/A	NONE

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



File Date: 3-31-97

Check No.: 7586

By: HP

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: [Signature] Date: 3-25-97

DONALD HERZOG
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
 James R. Langevin, Secretary of State
 Corporations Division
 100 North Main Street
 Providence, Rhode Island 02903-1335 • (401) 277-3000

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 73287 2. NAME OF CORPORATION East River Oil Company, Inc.**TO DO BUSINESS UNDER

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 401 SOUNDVIEW CITY GUILDFORD STATE CT ZIP CODE 06437

4. BUSINESS PHONE NO. 203/453-1200 5. STATE OF INCORPORATION CONNECTICUT 6. SIC CODE 2659

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
SALE OF PETROLEUM PRODUCTS

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME EDWARD WALKER VICE PRESIDENT NAME DONALD HERZOG

STREET ADDRESS 620 NORTONTOWN RD. STREET ADDRESS 6 BLACKSTONE AVE

CITY GUILDFORD STATE CT ZIP CODE 06437 CITY BRANFORD STATE CT ZIP CODE 06405

SECRETARY NAME DONALD HERZOG TREASURER NAME EDWARD WALKER

STREET ADDRESS 6 BLACKSTONE AVE STREET ADDRESS 620 NORTONTOWN RD

CITY BRANFORD STATE CT ZIP CODE 06405 CITY GUILDFORD STATE CT ZIP CODE 06437

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME EDWARD WALKER DIRECTOR NAME

STREET ADDRESS (SEE ABOVE) STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

DIRECTOR NAME DONALD HERZOG DIRECTOR NAME

STREET ADDRESS (SEE ABOVE) STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
5,000	COMMON/W/A	NONE	200	COMMON W/A	NONE

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 01/15/96
 Check No: 3606
 By: ED/WP

Signature of Officer [Signature]
 Print or Type Name of Officer EDWARD WALKER
 Title of Officer PRESIDENT
 Date 1/31/96

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 73287 Annual Report for the year: 1995

Name of Corporation: East River Oil Company, Inc.

Business entity organized under the laws of the State of: CT

For foreign entity, address and telephone number of principal office:

East River Oil Company, Inc.

P. O. Box 161

Guilford, CT 06437

Phone: 103) 453-1200

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

c/o CT System

123 Dyer St.

Providence, R.I. 02903

Phone: ()

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

Sale of Petroleum Products

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Edward Walker	620 Nortontown Rd.	Guilford, CT	06437
VICE PRESIDENT Donald Herzog	9 Blackstone Ave.	Branford, CT	06405
SECRETARY Donald Herzog	9 Blackstone Ave	Branford, CT	06405
TREASURER Edward Walker	620 Nortontown Rd.	Guilford, CT	06437

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Edward Walker	620 Nortontown Rd.	Guilford, CT	06437
Donald Herzog	9 Blackstone Ave.	Branford, CT	06405
Laury Walker	620 Nortontown Ave.	Guilford, CT	06437

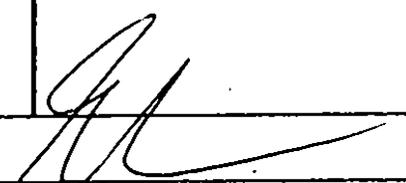
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 5,000 Class / Series Common W/A

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 200 Class / Series Common W/A

Date April 18, 1995

By: 

Edward Walker

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

Form 91 1/86

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAID
APR 21 1995

OK # 803 SD

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 73287 Annual Report for the year: 1994

Name of Business Entity: East River Oil Company, Inc.

Business entity organized under the laws of the State of: CT

Federal Taxpayer Identification Number: 06-1113755

For foreign entity, address and telephone number of principal office:

East River Oil Company, Inc.
P.O. Box 161

Guilford, CT 06437

Phone: (203) 453-1200

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

c/o CT System

123 Dyer St.

Providence, R.I. 02903

Phone: ()

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Edward Walker, President

P.O. Box 161

Guilford, CT 06437

Brief statement of the character of business conducted in Rhode Island:

Sale of Petroleum Products

Date of Organization: 9/20/80

Date of Qualification to do business in Rhode Island (if foreign entity):

7/6/93

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	Edward Walker	620 Nortontown Rd.	Guilford, CT	06437
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	Donald Herzog	9 Blackstone Ave.	Branford, CT	06405
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	Donald Herzog	9 Blackstone Ave.	Branford, CT	06405
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	Edward Walker	620 Nortontown Rd.	Guilford, CT	06437

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Edward Walker	620 Nortontown Rd.	Guilford, CT	06437
Donald Herzog	9 Blackstone Ave.	Branford, CT	06405
Laury Walker	620 Nortontown Rd.	Guilford, CT	06437

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 5,000	NUMBER 200
CLASS Common	CLASS Common
SERIES W/A	SERIES W/A
PAR VALUE OR WITHOUT PAR None	PAR VALUE OR WITHOUT PAR None

Date 2/20 19 95

By: 

Edward Walker
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

PAID
APR 21 1995

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