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PROFIT CORPOR Hing Period: January 1 - M. FORM MUST BE TYPED OR PRIN	arch l 🔸 Filing	UAL REPOR g Fee: \$50.00	T FOR THE YE	AR20	05
Corporate ID No 122590	2. Name of Corporation ACORN OIL INC				
Street Address Principal Business ()	MO ST		City Particult	State OX	12 (p / 12 X X
Business Phone No 40.724 Brief Description of the Character of OIL DELIVERY AND SER	1-34 98 (Business Conducted in A	5. State of Incorporation RHODE ISLAND books Island			6. SIC Civile 5090
NAMES AND ADDRESSES :			ACHMENT) TILL	N SPACES BEFORE USI	NG ATTACHMENTS
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227 Cleveran	o St		Street Address 227 Cle	HELUNO Steel	
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et Address			Street Address		
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NAMES AND ADDRESSES OF Address 120 Above	OF THE DIRECTORS	S: ("X" BOX FOR A	TACHMENT) FILL Director Name WIA 6	IN SPACES BEFORE US	I BING ATTACHMENTS
FOW TUCKET	Since PL	2hp 02860	Cuy Jaw Lull of Director Name	State RI	24,07866
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SHARES AUTHORIZED (*)	'X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
	Jass Series	Par Value	Number of Shares	Class/Sortes	Par Value
000 NO PAR VALUE					
This report must be sig	ned in ink by cither	the President Vice I	President, Secretary, Assist	ant Secretary Transport	Parama T
4.00.00.0			remoin, occietally, Assist	ant Secretary, treasurer,	Receiver or Trustee



File Date	2.1.05	
Check No.	832	
Ву:	<u>d</u>	
 	OR 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.

Print or Type Name of Officer



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 2004

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

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File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and af including any accompanying schedules a contained herein are true and correct.	
Kasses Signature of Officer	1-7604 Date
KALEN GUTTIN GER	<u> </u>
V Arzs,	~
Title of Officer	Form 630 Rev. 12/03



File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335

Form 630 12/01

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PAWIVEKET	State RI	2ip 02866	City Postucket	State 27	Zip
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LAUNTUCKET	State CI	Zip 0286	· City Le de Net	State WT	Zip
			Director Name		1 05060
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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION Filing Period: January 1-March 1 •	ANNUAL REPORT	FOR	THE	YEAR.	2003
(FORM MUST BE TYPED OR PRINTED IN BLACK)	•				



I. Corporate ID No. 122590	2. Name of Corporation ACORN OIL II				
3. Street Address Principal Business 227 C/e.ve/	Office	η. 1	city Pawnicket	State -RF	21p 02860
4. Austress Phone No. 401-724-344 7. Brief Description of the Character	of Business Conducted in 1	5. State of Incorporation RHODE ISLAND Rhode Island			6. SIC Code wolk. 5 C TO Seil
uiblesale	oil Delin	teries w/#	Freloi To	homes	
8. NAMES AND ADDRESS President Name	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE		CHMENTS
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Secretary Name Kein C	Perry		Theasurer Name KARES.	Parry	
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gast		CU.860	CITY POLINT	State RT	03860
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FOR ATTAC		SEFORE USING ATTA	ACHMENTS
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10. SHARES AUTHORIZED AUTHORIZED SHARES) (*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" .	BOX FOR ATTACHMENT	7)
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			resident, Secretary, Assista	rt Secretary, Treasi	arer, Receiver or Trustee
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Ву:	<u>up</u>	
FOR SECRETAR	Y 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.

Krein	Yu.	~	1/11/03.
Signature of Officer	3		Date
KARen	PESTY-		

Title of Officer

Ferm 630 12/02