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FOR SECRETARY OF STATE USE ONLY

*11294 DBC 03/02

File Date

Check No.

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00

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FORM MUST BE TYPED					
1. Corporate ID No.	2. Name of Corpor				
11294		SERVICE CENTER	······		
3. Street Address Principal E			City	State	Zip
1038 CHARLES ST	REET		PROVIDENCE	RI	02904-
4. Business Phone No.		5. State of Incorpor			6. SIC Code
4017289600		RHODE ISLA	ND		3558
7. Brief Description of the C	haracter of Business Con	ducted in Rhode Island			
TO OPERATE A GAS	STATION				
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR	RATTACHMENT) I FILL IN SP	ACES BEFORE USING AT	TTACHMENTS
President Name			Vice President Name		
Mario Coletta			· Domenic Coletta	3	
Street Address			Street Address		
45 Jane Street			 4 Tarragon Driv 	ve	
City	State	Zip	City	State	Zip
North Providenc	e RI	02904	Johnston	RI	02919
Secretary Name			Treasurer Name	· · · · · · · · · · · · · · · · · · ·	
Valia Coletta			Mario Coletta		
Street Address			* Street Address		
45 Jane Street			.45 Jane Street		
City	State	Zip	*City	State	Zip
North Providence	e RI	02904	.North Providence	ce RI	02904
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX F	ORATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
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City	State	Zip	-City	State	Zip
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Director Name		!	Director Name		· • • • • • • • • • • • • • • • • • • •
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		•	•	·	

Signature of Officer

Mario Coletta

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

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.



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2
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004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 11294 EAST SIDE SERVICE CENTER, INC. 3 Street Address Principal Business Office ^{Zip} 02904 North Providence State 1038 Charles Street RI 4. Business Phone No 5 State of Incorporation 6. SIC Code 728-9600 RHODE ISLAND 3558 7 Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A GAS STÁTION President Name Vice President Name Mario Coletta Domenic Coletta Street Address Sirect Address 4 Tarragon Drive 45 Jane Street ^{Ζφ} 02919 North Providence 02904 Johnston RI Treasurer Name Secretary Name Valia Coletta Mario Coletta Street Address Street Address 45 Jane Street 45 Jane Street 02904 02904 RI North Providence North Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Zıp Since Address Street Address State Ζф 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Scries Par Value 8,000 NO PAR VALUE NO PAR 200 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. <u>Mario Coletta</u> Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

••	January 1 - Marth	. •	ruing ree:	\$50.00
(FORM MUST B	ETYPED OR PRINTED IN BLACK)			
1. Corporate ID	No. 2. Name of	Cornora	tion	

2. Name of Corporation

11294	EAST SIDE SI	FRVICE C	ENTED INO					
3 Street Address Principal Business Office 1038 Charles Street		-NYICE C	ENTER, INC.	Cay North Providence	State		Zip	
4 Business Phone No. 728-9600		S. State	of Incorporation	HOLOH MIDAIOBUCE		RI		02904
7. Brief Description of the Character of Busi	mara Camata ana hii	R	HODE ISLAND				6. SIC	Code .
To operate a gar at	ness Conducted in R	thode Island						3558
To operate a gas st 8. NAMES AND ADDRESSES O President Name Mario Coletta	ation and FTHE OFFIC	to eng E RS (*x*)	age in al. BOX FOR ATTACE	l business applicab HMENT) FILLIN SPACES BE Vice President Name Domenic Coletta	le the Fore Us	reto SING ATTACH	MENTS	
Street Address 45 Jane Street				Street Address 4 Tarragon Drive	۵			
North Providence	ri Ri	Zip	02904	Johnston Johnston	State	RI	Zip	02919
Secretary Name Valia Coletta	t in a server	• • • • •	***** ****** *	Deasurer Name Mario Coletta			• - •••••	
Street Address 45 Jane Street				Street Address 45 Jane Street				
North Providence State	RI	Zip	02904	North Providence	State	RI	. Zip	02904
9. NAMES AND ADDRESSES OF Director Name	THE DIRECT	ORS ('X'	BOX FOR ATTAC	CHMENT) FILL IN SPACES B	EFORE U	ISING ATTACE	IMENTS	02 304
Street Address				Street Address				<u>-</u>
City		Zip		icity — — —	State		! Zip =	
Director Name	•••••	•• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Director Name		· ·	: **** : • • • • • • • • • • • • • • • • • • •	·····
Street Address				: Street Address		· _	•••••	-
City State		Zip		· City = -	State		Zip	
10. SHARES AUTHORIZED ("X" BO AUTHORIZED SHARES	OX FOR ATTACHM	(ENT)	-	11. SHARES ISSUED ("X" B	OX FOR AT	TACHMENT)	; -4- ₋	
Number of Shares Class/	Series	Par Value		ISSUED SHARES Number of Shares	C1 (2)	—\ 		· -
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his report must be signed in in * 1 1 2	2 9 4 *	ue rresid	ent, vice Pre	Under penalty of perjury,				

Signature of Officer FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Mario Coletta Print or Type Name of Officer President

Title of Officer

Form 630 12/02



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

FORM MUST BE TYPED IN BLAC	ck)	•			INSTRUCTION
1. Corporate 1D No.	2. Name of Corporation	- ·			
11294	EAST SIDE SE	RVICE CENTER, INC.			
3. Street Address Principal Business C	Office		City	State	Zip
1038 Charles Str	eet		North Providence	RI	-
4. Business Phone No.		S. State of Incorporation		KI	02904 6. SIC Code
728–9600		RHODE ISLAND			3558
7. Brief Description of the Character of	of Business Conducted in Ri	hode Island			
To operate a gas	station and	to engage in all	business applicable	e thereto	
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF		ACHMENTS
President Name Mario Coletta			Vice President Name	-	
Street Address			Domenic Coletta		
45 Jane Street			* Street Address		
City	State	•	4 Tarragon Drive	9	
North Providence	RI .	^{Zip} 02904	city : Jchnston	State	Zip
Secretary Name		• • • • • • • • • • • • • • • • • • • •	tere a company to the company	! RI	02919
•			Treasurer Name	a	
Valia Coletta.	·	- .	Street Xadress	-	•
45 Jane Street			45 Jane Stre	et	
City	State	Zip	City	1 _{State}	l Zip
North Providence	RI	02904	North Providence	RI	02904
9. NAMES AND ADDRESSI	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BI	EFORE USING AT	TACHMENTS
- · · · · · · · · · · · · · · · · · · ·			Director Name		
Street Address -	- 	 .			
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City -	State	t Zio	City	F4-4-	t
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Director Name		ç.l	Director Name		
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10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED ('X' BO	OX FOR ATTACHMEN	T) <u>L</u>
AUTHORIZED SHARES		· · 	ISSUED SI LARES		
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his report must be signed	in ink by either	the President, Vice Pr	esident, Secretary, Assistan	t Secretary, Treas	urer, Receiver or Truster
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† 					

	* 1 1 2 9 4 *
File Date:	-18-02
Check No.:	046
	a
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

Mario Coletta Print or Type Name of Officer

President

Title of Officer **⇔** 5

Carra KRN 17M1



File Date: .

Check No.:

FOR SECRETARY OF STATE USE ONLY

1. Corporate ID Nº294

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

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business (1038 Charles			North Providence	State RI	^{zip} 02904
4. Business Phone No. 728–9600		5. KHOVÉ"COPSĽKAD	•	,	6.3598
7. Brief Description of the Character To operate			all business applic	cable thereto	•
8. NAMES AND ADDRESS President Name Mario Colete		ERS (*x* BOX FOR ATTACHI	Vice President Name	DRE USING ATTACHM	ENTS
Street Address 45 Jane Street			Domenic Coletta Street Address 4 Tarragon Drive	•	· ·
City North Providence	State RI	^{21p} 02904	Johnston	State RI	^{zip} 02919
Secretary Name Valia Colet	' ta	· · · · · · · · · · · · · · · · · · ·	Treasurer-Name Mario Coletta		· · · · · · · · · · · · · · · · · · ·
Street Address 45 Jane Stre	eet	÷	Street Address 45 Jane Street	·	<u> </u>
North Providence	State RI	^{Zip} 02904	North Providence	State RI	^{21p} 02904
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS
Street Address	• •		Street Address		
City	State .	Zip	City	State	Zip
Director Name	•• 	· · · · · · · · · · · · · · · · · · ·	. Director Name	1	
Street Address		e e e e e e e e e e e e e e e e e e e	Street Address	·• · · · · · · · · · · · · · · · · · ·	• = • • • • • • • • • • • • • • • • • •
City	State	Zip	City	State	Zip
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This report must be signed	in ink by either	the President, Vice Pre	Under penalty of perjury, this report, Including any	I declare and affirm that	t I have examined
و .	20 -		that all statements contain		, and statements, and

Mario Coletta

Print or Type Name of Officer
President

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2000

2. Name of Corporation
EAST SIDE SERVICE CENTER, INC.

										AMMOAL	
Fil	ing	Pe	riod.	: fa	nuary	, 1.	- March	1	•	Filing Fee: \$5	0.00

ROFIT CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR 2	UUU
iling Period: January 1-March 1 🔹	Filing Fee: \$50	.00				
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3. Street Address Principal Business Of	fice		City	State	Zip
1038 Charles St	reet		North Providence	RI	02904
4. Business Phone No. 728-9600		5. State of Incorporation RHODE ISLAND			6. 35 5 8 °
7. Brief Description of the Character of To operate a ga	Business Conducted in Rho S Station and	ode Island to engage in al	l business applicab	le thereto	
8. NAMES AND ADDRESSE President Name					IMENTS
' Mario Coletta	_		Domenic M. Coletta	l	
Street Address 45 Jane Street			Street Address 4 Tarragaon Drive		
North Providenc	State e RI	1 21p	Johnston	State RI	^{21p} 02919
Secretary Name Valia Coletta			Treasurer Name Mario Coletta		
Street Address 45 Jane Street			Street Address 45 Jane Street		
City North Providence	State RI) Zip 02904 :	North Providence	State RI	zip 02904
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR ATTACE	HMENT) FILL IN SPACES BE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		! 	Director Name		SEC CO
Street Address	· · · · · · ·	 -	Street Address		RET PROPE
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10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHI	MENT)	11. SHARES ISSUED (*X* BO	X FOR ATTACHMENT)	F STAF
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File Date: Check No .: SEC'Y OF STATE 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.

Muco Signature of Officer	boleto	2/24/6	0
Signature of Officer	700	Date	

<u>Mario Coletta</u> Print or Type Name of Officer

President

Title of Officer



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 1999

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

(FORM MUST BE TYPED IN BLAC					
1. Corporate ID No. 11294	EAST SIDE	SERVICE CENTER,	INC.		
. Street Address Principal Business O		_	City	State	ZIp
1038 Charles Stree	et		North Providence	RI	02904
Business Phone No.		5. State of Incorporation RHODE ISLAN			6. SIC Code
728-9600		1	ND		3558
Brief Description of the Character o					
To operate a gas st	lation and to	engage in all busin	ess applicable thereto		
NAMES AND ADDRESSI	ES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE	FORE USING ATTA	CHMENTS
STEEM STEEM			Vice President Name	Old Coll. O At 17	TOTAL
Mario Coletta			Domenic M. Cole	tta	
reet Address			Street Address		
45 Jane Street		•	4 Tarragaon Driv	'e	
ty	State	Zip	City	State	ZIp
North Providence	RI	02904	Johnston	RI	02919
retary Name	- .		Treasurer Name		
_Valia Coletta			Mario Coletta		
reet Address	\$ h		Street Address		······································
45 Jane Street			45 Jane Street		
Marah Darwidan	State	Zip	City	State	Zip
North Providence	RI	02904	North Providence	ce RI	02904
NAMES AND ADDRESSE	S OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES B	EFORE USING AT	ACHMENTS VILLE
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eet Address			Street Address		
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ry	State	Zip	City	State	Zip .
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mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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is report must be signed	in ink by eith	er the President, vice i	President, Secretary, Assistar	it Secretary, Treas	urer, Receiver or Tru
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File Da	ate:	Mar 1,99
Check	* ************************************	1836
Ву:		
FOR SI	ECRETARY OF ST	ATE 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

<u>Mario Coletta</u> Print or Type Name of Officer

President Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLAC	(K)				
. Corporate ID No.	2. Name of Corporation				
11294 _ Street Address Principal Business O	EAST SIDE S	SERVICE CENTER, I	NC.	factor : -	·
1038 Charles	••		North Providence	State RI	ZIP
Business Phone No.		5. State of Incorporation	THOUGHT LOAIGENCE	· KI	02904
728-9600		RHODE ISLAN	מ		3558
Brief Description of the Character of		Rhode Island			3330 _
10 operate a	gas station a	and to engage in	all business applica	ble thereto	
NAMES AND ADDRESS	E2 OF THE OFFIC	ERS (-X BOX FOR ATTAC	HMENT) Vice President Name		
Mario Coletta			Domenic M. Colet	ta:	
reet Address	•	~ ~ ~ ~ ~ ~ ~	Street Address		
<u>45</u> <u>Jane</u> Stree		-	4 Carragaon Driv	/e	
North Providence	State RI	^{Zip} 02904	City Johnston / License	State	^{21p} 02919
Cretary Name			Treasurer Name	1	
Valia Coletta	• • •	•	: Mario Coletta	· ·	•
reet Address	. يوسها		Street Address		
45 Jane Street	*		45 Jane Street		
North Providence	State RI	02904	City Nouth Dyouidones	State	Zip 02004
NAMES AND ADDRESS		1	North Providence	RI	02904
Irector Name	ES OF THE DIREC	JORS ("X" BOX FOR AT)	Director Name	 -	
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reet Address			Street Address	 - 	
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•	State	Zip	City	State	Zip
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reet Address	· 		Street Address		· · · · · · · · · · · · · · · · · · ·
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' 7	State	Zip	City	State	Zip
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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

Mario Coletta Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of Stat Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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. 11294

2. Name of Corporation

EAST SIDE SERVICE CENTER, INC.

3. Street Address Principal Business 1038 Charles S	oma treet		North Providence	State RI	^{Zip} 02904
4. Business Phone No. 728-9600		5. State of Incorporation RHODE ISLAND			6. SIC Code 3558
7. Brief Description of the Character To operate a gi	of Rusiness Conducted i BS Station al	^{in Rhode Island} nd to engage in all	business applicab	le thereto.	
		ICERS ("X" BOX FOR ATTACHM		-	
Mario Coletta Street Address		;	Domenic M. Cole	etta	
45 Jane Street	State	Zip	4 Tarragaon Dr	i ve	Zip
North Providence	ce RI	02904	Johnston Treasurer Name	t RI	02919
Valia Coletta Street Address			Mario Coletta Street Address	_	
45 Jane Street	State	Zip :	45 Jane Street	State	Zip
North Providence 9. NAMES AND ADDRESS		02904 ECTORS (*X* BOX FOR ATTACE	North Providence		02904
Director Name	ONE '		Director Name NONE		- · · · · · · · · · · ·
Street Address		-	Street Address		
City	State	Zip	Clty	State	T Zip
Director Name	••••		Director Name	•••••••••••••••••••••••••••••••••••••••	
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address -		
City	State	Zip	City	T _{State}	$\frac{1}{Z_{Ip}}$
10. SHARES AUTHORIZED	AND ISSUED ?	X* BOX FOR ATTACHMENT)	DSUED SHARES	<u></u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VAL			200	• •	NO PAR
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This report must be signe	d in ink by eith	er the President, Vice Pre	sident, Secretary, Assistan	t Secretary, Treasur	er, Receiver or Trustee
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File Date:	3.11.97
Check No.:	103)
Ву:	10P
FOR SECRETA	RY 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

<u>Mario</u> Coletta Print or Type Name of Officer

President

Title of Officer

ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

1 CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR PI	RINT IN BLACK INK.			
! 11294						
3 STREET ADDRESS PRINCIPAL BUSINESS OFFIC	EAST SI	DE SERVICE CENT	TER, INC.	STATE	······································	
1038 Charles	Street		North Providence	RI	02904	
4. BUSINESS PHONE NO. 728-9600		S STATE OF INCORPORATION		- i	6. SIC CODE	
720-9000		RHODE ISI	AND		3558	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BU	SINESS CONDUCTED IN RHODE ISLA	NO	·			
To operate a			all business applic		to.	
PRESIDENT NAME	- -	ES AND ADDRE	S S E S O F T H E O F F I C			
Mario Coletta	l 		Domenic M. Col	etta		
45 Jane Stree			STREET ADDRESS 4 Tarragon Dri	ve		
North Providence	RI RI	22P 000€ 02904	Johnston	STATE RI	^{ZIP C00€} 02919	
Valia Coletta	! 		Mario Coletta			
45 Jane Stree			street Address 45 Jane Street			
North Providence	RI RI	^{227 000€} 02904	North Providence	STATE RI	2P COOE 02904	
DIRECTOR NAME	B. HAM	S AND ADDRE	SSES OF THE DIREC	TORS	·	
NONE			CIRECTOR NAME NONE	-		
STREET ADDRESS			STREET ADDRESS			
OTTY		 _				
VII.	STATE	20P COOE	άπΥ	STATE	ZIP 000E	
DIRECTOR NAME			DIRECTOR NAME		·	
			, or a contract to the contrac			
STREET ADDRESS	·· · · · · · · · · · · · · · · · · · ·		STREET ADORESS	··		
אוכ	STATE	ZP CODE	αιγ	STATE	ZIP 000°.	
		RES AUTHORI	ED AND ISSUED			
HUNGER OF SHARES	AUTHORIZED SHARES CLASS/SERES	No. 141.		ISSUED SHARES		
	UXX7 35:E3	PAR VALUE	MAMBER OF SHARES	CLASS / SERIES	PARVALUE	
8,000 NO PAR	VAL		200		NO PAR	
·	···					
						
						

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



		,
File Date: .	3/7/96	
Check No:	2/98	· ·
Ву:	\mathcal{L}	

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

Mario Coletta
Print or Type Name of Officer

President

2/29.96

Title of Officer

Date

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

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID:		Annual Report fo	or the year:	
FAST 5	IDE SERVICE CEN		or the jour.	
Name of Corporation: Business entity organized under the laws of the State For foreign entity, address and telephone number of	te of: Rhode Island [principal office:	Business Enti	ity is (check one): s Corporation (See RIGL Chapter 7-1.1) onal Service Corporation (See RIGL Chapte	er 7-5.1)
Phone: () Address and telephone of the principal office of bus Island (Provide street address - Not P.O. Box):		To opera	nt of the character of business conducted in I ate a gas station and to en ousiness applicable thereto	laage
Phone: (401) 421-0480				
PRESIDENT	THE NAMES OF T	HE OFFICERS A	ARE:	
Mario Coletta	STREET ADD	DRESS	CITY/STATE	ZIP CODE
VICE PRESIDENT	45 Jane St		North Providence, RI	02904
Domenic M. Coletta	45 Jane St	reet	North Providence, RI	2IP CODE 02904 2IP CODE
Valia Coletta	45 Jane St	reet	North Providence, RI	02904
Mario Coletta	street ADE 45 Jane St		North Providence, RI	2IP CODE 02904
NAME	THE NAMES OF TH	E DIRECTORS	ARE:	
NAME			CHT/SIAIE	ZIP CODE
	STREET ADI:	PRESS	СПУ/STATE	7JP CODE
NAME	STREET ADD	PRESS	CITYSTATE	7IP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be	attached)	NUMBER OF SHA	RES ISSUED AND OUTSTANDING (Rider ma	y be attached)
Number of Shares Class / Series		Number of Shares	Class / Series	
8,000		200		
Date 2/17	By:	Mario Coleti	ia Coletta Pres	
Form 31 1/95	TITLE OF OF	PENAME OF OFFICER SIGNING	President	
DESIGNAT	ED REGISTERED AGE	NT FOR SERVI	CE OF PROCESS:	
LEASE NOTE: If the registered office and/or reg	istered agent indicated below	is incorrect, Form 9	must be filed.	
TERRANCE 5. MAR	ชาวัง และหลังได้ได้ดีดี TIESIAN		FILED	

TERRANCE 5. MARTIESIAN 159 ELMGROVE AVE PROVIDENCE RI 02906 FILED MAR 0 6 1995

MAR 0 6 1995 By 02-1694 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

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

1994

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0011294

Corporate ID:	0011294		Annual Report for the	year	1994 	
Name of Business Entity	· <u>· </u>		EAST SIDE	SERVICE CENT	TER, INC.	
		1				
Business entity organized und	der the laws of the State of <u>Rhode</u>	<u>Islan</u> d	Business Entity is (20	
Federal Taxpayer Identification	on Number		• • • •	is Corporation (See RIGI ional Service Corporation	•	er 7-5.1)
For foreign entity, address an	d telephone number of principal office:		[] Limited	Liability Company (See	RIGL 7-16)	
			Name, title and mai communications ma	ling address of contact p	erson to whom	
				e S. Martiesian	. Esquire	
			159 E1m	grove Avenue		
Phone: ()			Provide	_RI 02906_		
,	principal office of business entity in Rh	ode				
Island (Provide street address 150, F1n	ngrove Avenue			he character of business		
	ence RI 02906			<u>a gas</u> statio <u>n a</u>		
	ence ki uzgub		Date of Organization	<u>ness applicable</u> September 2	1979	
Phone: (401) 421-	0480		•	on to do business in Rhoc		
•						
CHIEF EXECUTIVE OFFICER OR	THE NA!	MES OF TH	HE OFFICERS ARE	CTEN/STATE		ZIPCODE
	Mario Coletta	45 Jane	Street	North Providen	ce.RI(02904
CHIEF OPERATING OFFICER OR	Domenic M. Coletta	45 Jane				иесоре 2904
CUSTODIAN OF RECORDS OR	SECRETARY (Chick One)	STREET AD:	RESS	North Providen		ZIP CODE
CHIEF FINANCIAL OFFICER OR	Valia Coletta **Treasurer(Chek One)	45 Jane	<u>Street</u>	North Providen	ce.RI 02	2904 Zir (100e
	Mario Coletta	45 Jane		North Providen	ce. RI02	2904
HAMP	THE NAM	IES OF TH STREET AD	E DIRECTORS ARE	CITYSTATE		ZIP CODE
NAME		STREET ADI	DRFS\$	CTYSTATE		ZIP (YODE
						111.75.110
NAME		STREET ADD	ME22	CHYATATE		ACCODE
NUMBER OF SHARES AU	UTHORIZED (If Applicable)		NUMBER OF SHARE	S ISSUED AND OUTS	TANDING (If App	ilicabl e)
NUMBER 8,000)		NUMBER 20	00		
CLASS			CLASS			
SERIES			SERIES			
PAR VALUE OR WITHOUT PAR	Without Par		PAR VALUE OR WITHOUT PAR	Without par	<u></u>	
Date 2/15	کے د <u>ر</u>	Ву	Mario 1	Colett-		
-	•		Mario Coletta			
		PRINTORT	President	7		
		TITLE OF OR	PICER SIGNING			
Form 31 1794						
						— –

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.

TERRANCE 5. MARTIESIAN 159 ELMGROVE AVE. PROVIDENCE RI 02906

Filing Fec \$50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

the property of the property of a figure of the property of th

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	11294	Annual Report for the y	ear1993	
FIRST: The name of	the corporation is	EAST SIDE SERVICE CENTER, INC.		
SECOND: It is incorp	porated under the laws of	the State of Rhode Island		
	·	to operate a gas station		
•	•	incipal office		
		Elmgrove Avenue. Provide		
Name	addresses of its directors and	Address (including numb	(Attach rider if necessary) per, street, zip code)	
	D'			
	Director			
Mario Col	etta President	45. JaneStreet, North	Providence, RI	
Domenic M	. Coletta Vice Preside	nt. 45 Jane Street, Nort	h Providence, RI	
Valia Col	etta Secretary	45 Jane Street, Nort	h Providence,RI	
Mario Col	etta Treasurer	45 Jane Street, Nort	h Providence, RI	
	of Shares authorized:		Par Value or statement that shares are without	
No. of Shares	. Class	PAID PAID	par value No Par	
		MAR 0 1 1993		
Еіднтн: Number o	f Shares issued:	SECRETARY OF STATE	Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
200			No Par	
Dated February 1	• • • • • • • • • • • • • • • • • • • •	EAST SIDE SERVICE CENT	ER, INC.	

To be filed annually between January 1st and March 1st

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

DKB- 411

Corporate IDû	011294	Annual Report for the year 1992
FIRST: The name of the	e corporation is	EAST SIDE SERVICE CENTER, INC.
SECOND: It is incorpora	ated under the laws o	f the State of Rhode Island
	isiness, briefly stated, ess applicable th	is to operate a gas station and to engage in hereto
FOURTH: If foreign cor	poration, address of it	ts principal office
FiFTH: Business address	s in Rhode Island	159 Elmgrave Avenue, Pravidnece, RI 02906
SIXTH: Names and add	resses of its directors a	Address (including number, street, zip code)
MARIO COLETTA	D 11	\$F 7.
DOMENIC M. COLETTA		AE Tama Charles as a second
vacia cocetta		45 Tama Church W 11 -
MARIO COLETTA	Secretary Treasure	45 Tana Church W
SEVENTH: Number of S	hares authorized:	Par Value
No. of Shares	Class	or statement that shares are without Series par value
8000		No Par value
EIGHTH: Number of Sha	ares issued:	Par Value or statement that
No. of Shares	Class	Series shares are without par value
200	€amman	No Par Value
Dated January 23,	19 .92	EAST SIDE SERVICE CENTER, INC. (Name of Corporation)
(Report must be signed	by an officer)	By Mario cocetta Title President

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	11294	Annual Report for th	e year1991
FIRST: The name of the	ne corporation is	EAST SIDE SERV	
		THE STATE OF RHODE ISLA	
THIRD: Character of bengage in all b	usiness, briefly stated, is usiness applicable	to operate a gas static	
FOURTH: If foreign con	rporation, address of its p	orincipal office	
. Fifth: Business addres	s in Rhode Island	159 Elmgrove Avenue, Pro	Ovidence, RI 02906
SIXTH: Names and add	Iresses of its directors and		(Attach rider if necessary)
	Director		
······································	`		
Mario Coletta		45 Jane Street, No	
Domenic M. Coletta	PresidentVice Preside	AF 3- 0:	*************************************
Valia Coletta		45 Jane Street, No.	*************************************
Mario Coletta	Treasurer	45 Jane Street, Nor	***************************************
SEVENTH: Number of S	hares authorized:		Par Value
No. of Shares	Class	Series 🔁	or statement that shares are without par value
8000	Common	& @ **	no par value
EIGHTH: Number of Sha	ares issued:	Bee & Fines	Par Value or statement that
No. of Shares 200	Class Common	Series Z	shares are without par value no par value
Dated January 23	19 <u> 91</u>	EAST SIDE SERVICETGENTI	·
	() B	Name of Corporation) y MARTO COLETTA	to fa.
(Report must be signed	by an officer) T	itlePRESIDENT	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

		PROVIDENCE, I	RHODE ISLAN				n	+
Corporate ID	0011294		A	Annual Re	eport for	the ye	ar 1990 H	-]
First: T	he name of the	corporation is	EAST	SIDE SE	ERVICE	E CEN	TER, INC.	••••••
Second:	It is incorporat	ed under the laws of					•••••••••••••••••••••••••••••••••••••••	
Third: (Character of bus	iness, briefly stated, is:	o to oper	ate a ga	asoline	stat	ion and	• • • • • • • • • • • • • • • • • • • •
		ll business applic						
		oration, address of its p						
Fі гт н: Ві	usiness address i	in Rhode Island						
	ames and addre	esses of its directors and					(Attach ride , street, zip code)	
		Director	*********	······································	•••••••	•••••••	***************************************	•••••••••••••••••••••••••••••••••••••••
		Director	**********	•••••••••		•••••	·····	• • • • • • • • • • • • • • • • • • • •
		Director President					h Providenc	
DOLGRAFIA						••••••	······································	
WALTA COLDON		Vice Preside	11	tr	tı	11	1711	Har
MARIO COLETT		Treasurer	lin	1211			11	
Seventh:	Number of Sha		*********	••••••	· • • • • • • • • • • • • • • • • • • •	••••••••		• • • • • • • • • • • • • • • • • • • •
No. of Shares		Class		Carta			Par Value or statement the shares are without	
8,000		Common		Series			parvalue no par val	المرام
							no par va	ruc
Eighth: N	lumber of Share	es issued:		PA' seighar '2 SEC'Y.	C!		Par Value	
No. of Shares		Class	•	Series A 2	6 1440		or statement the shares are witho par value	= -
200	•	common		-01V (OF ST	ate	no par val	lue
Dotad Februa	rv 20-	. 90						
Dated rebrua	ry 28		Name of Corpora	DE SERV	ICE CE	VIEK,	TNC.	······
		В	y MARIO C	OLETTA :	M	un	5 / veles	\$
	t must be signed by	y an officer) T	itle PRESID	ent				••••
Form 31 1/85								

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11294		Annual Report for	the year1989
FIRST: The name	•	EAST SIDE SERVICE CENTER	, INC:
SECOND: It is inco		THE STATE OF RHODE ISLA	
engage	in all business appl	is Ēo operate a gasoline icable thereto.	
		s principal office	
FIFTH: Business ac	dress in Rhode Island	159 Elmgrove Avenue, Pro	vidence, RI 02906
Name	addresses of its directors a		(Attach rider if necessary
	Director		
······································	Director		
	Director		
MARIO COLETTA	President	45 Jane Street, No	orth Providence, RI
DOMENIC M. COLE	TTA Vice Presi	ident 45 Jane Street, No	
VALTA COLETTA	Secretary		rth Providence, RI
MARIO COLETTA	T.		
•••••••••••••••••••••••••	I reasurer	4) Jane Street, No	rth PRovidence, RI
SEVENTH: Number	of Shares authorized:		Par Value or statement that
No. of Shares 8,000	Class	Series	shares are without par value
3,000	Common	PAID	No Par
Еіднтн: Number o	f Shares issued:	1 AR 1 3 1989	Par Value
No. of Shares	Class	SEC'Y OF STATE	or statement that shares are without
200	Common		par value No Par
Pated	19 .89	EAST SIDE SERVICE C	ENTER, INC.
		By Mulania /a	Peto.
(Report must be si	gned by an officer)	MARIO COLETTA Title President	<i></i>
rm 34 1/85	- ,		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID	2 99A		Ann	ual Repo	rt for the ye	ear	
First: The name	e of the corporation is	l	EAST SIDE SERVICE CENTER, 180.				
SECOND: It is inc	corporated under the lay	vs of		•••••••••••••••••••••••••••••••••••••••		Lelond	
						ion and to engage	
in all business	applicable thereto	, <u> </u>	,,	······································	Alle. Alauaa	un unu zu engage	
FOURTH: If foreign	gn corporation, address	of its principa	al office		••••••		
FIFTH: Business a	ddress in Rhode Island	159 EL	mgrove	Avenue,	Providen	ice, RI 02906	
SIXTH: Names and	d addresses of its directo	ors and office	rs:	Address (it	ocluding number,	(Attach rider if necessary street, zip code)	
	Direc	tor	·····	••••••			
	Direc	tor					
	Direc	tor		***************************************	•	••••••	
	Presid				Providen	co PI	
amania U Calatta		_		•••••••••••••••••••••••••••••••••••••••	******************		
lalia Colotta	······ Vice I						
Mario Colotto	Secret	·	••••••••••••••••••••••••••••••••••••••		11		
Marco Cocecca	Treas	urer".		11	#	n	
SEVENTH: Number	r of Shares authorized:				•	Par Value	
No. of Shares	Class		Serie	es		or statement that shares are without	
8,000	Common	PAID		~	N	par value o par value	
Еіднтн: Number o	of Shares issued:	N 29 1988		97	<i>986</i>	Par Value	
No. of Shares	Class S.S.C.Y	OF STAT	E Soci	EB N)	or statement that shares are without par value	
200	Common			3	No	par value	
ed TANUARY	27, 19 88	EAST ,	S.I.D.E. SE Corporation)	RVICECi		C	
		By	na	us c	olette	Fren	
(Report must be s	signed by an officer)	TitleF	MARIO CI	OLETTA		F	
31 1/85		1 IIIE	Preside	ikh	·····		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11294	•••••••••••	Annual	Report fo	or the year	ar1987	••••
FIRST: The name of the	e corporation isEAS					
SECOND: It is incorpora	ated under the laws of					
THIRD: Character of bu						
in all business	applicable thereto) .				~cugage
FOURTH: If foreign corp	poration, address of its p	orincipal office	•••••••••••••••••	•••••••••••		•••••••••••••••••••••••••••••••••••••••
	in Rhode Island					
159 Elmgrove Ave	nue, Providence, R	hode Island O	29.06	*************	•••••	•••••••••••••••••••••••••••••••••••••••
SIXTH: Names and addr	resses of its directors and	d officers:				ider if necessary
	Director	***************************************	····	••••••	•	
	Director	••••••				
	Director					
Mario Coletta	President					••••••••••••
Demonds M. o. s.		45Jane				
Valia Coletta		11	11	11		**
Mario Coletta	Secretary	11				
	ares authorized:	***************************************	**************	***********	Par Valu	······································
No. of Shares	Class	Series			or statemen shares are w	ithout
8,000	common			\sim	par valu	
EіGнтн: Number of Shai	res issued:	PAID A.	- 1.	987. \\	Par Valu	r value
No. of Shares	Class	1377 11.			or statement shares are wi	thout
200	common	SEC'Y OPIETA	716		no par	
DatedFebruary16	()	EAST SIDE SERVI		ER, INC		
	В	yMario Cole	tta	laur	Wells	to
(Report must be signed b	y an officer) T	itlePresident	*************	*********		***************************************
m 31 1/85	•					

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate IL) 11294			Annual	Report for the y	ear!	.986
First:	The name of the co	rporation is!	EAST SIDE	SERVICE	CENTER, INC.	:	
Second	: It is incorporated	under the laws o		Rhod	le Island		••••••
THIRD:	Character of busine	ess, briefly stated,	is to oper	ate a g			

Fourth							
Г ІРТН:	Business address in	Rhode Island					
•							
	Names and addresse Name	es of its directors a	and officers:		iddress (including numbe	(Att	ach rider if necessary)
***************************************		Director		••••••	• • • • • • • • • • • • • • • • • • • •		•••••••••••••
***************************************	•••••••••••••••••••••••••••••••••••••••	Director	*********	******	*************************	***********	•••••••••••••••••
	••••••••••••••••	Director	•••••	·····	••••••	************	***************************************
M	ario Coletta	President		45 Jane	Street, North	Provide	ence, RI
Do	omenic M. Coletta	Vice Pres	sident	rı .	11	f†	T)
Va	ılia Coletta				h	l1	11
Ма	ario Coletta	•	***************************************	řī .	m	n	11
Seventh					*********************	р	ar Value
No. of Sha		Class			•	or sta	atement that
8.0	000			Series		P	ar value
~,.		common	9,			n.	o par value
Еіснтн:	Number of Shares	issued:	03/12/86		MAR 22 1986	Pr	ar Value
No. of Shar	res	Class	98	Series	NA	shares	tement that are without
200	0	common	PAID.		(Ju)	,	par value
Dated Fe	bruary 10	1986	Name of Compo	SIDE SE Oration)	RVICE CENTE	R.INC.	
			By Mario	Coletta	Mar	is Co	letto
(Rep Form 31 1/85	port must be signed by an	officer)	Title 15 Cp	esident	B	٠	

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID.	11294			Annual Rep	port for the year	, 1985	V
First:	The name of the corp	oration isEAST	SIDE S			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••••••••
SECOND:	It is incorporated u	nder the laws of	••••••••	Rhode Is	land		••••••
THIRD:	Character of business	, briefly stated, is	to o	perate a g	asoline stat	ion and t	.0
eı	ngage in all busi	ness applicabl	e there	to.			
Fourth:							
Гігтн :	Business address in Ri				2906		•••••
Ѕіхтн:	Names and addresses	of its directors an	d officers		ess (including number,	•	der if necessary)
		Director			***************************************		•••••
	·····	Director	•••••		·····		*****
***************************************		Director	4				
Mario	Coletta	President	4	5 Jane Str	eet, North P	rovidence	, RI
D	ic M. Coletta		 11		11	11	pp
	Coletta	_		# 11	n		
Mario	Coletta	•	••				
		Treasurer	•••••	•••••••		••-•	
SEVENTH:	: Number of Shares	authorized:		Series		Par Valo or statement shares are wi our valo	t that (thout
8000		common				no pai	r value
Елентн:	Number of Shares is	ssued:				Par Valu or statement shares are wi	
No. of Sta	ures	CITE		Series		per valu	_
200		common				no	par value
DatedPeb#	BCBIV2D MAR	. 19	EAST (Name of C		ce center, i	NC.	Bun
(Re	eport must be signed by ar	officer)		rio Colett President	8		

To be filed annually between Landon 1st annual

00.212 :eet goili3

State of Rhods Island and Providence Plantations Office of the Secretary of state

se algned by an officer)	J teum hoqean)	7 0	WH.
The the	(Nego-pt Corpor	ea G	861 628 YAM
RAICE CENTER, INC.		78 GT	Dated: March L.
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и и и	11 h	Secretary	Valia Coletta
	ju	opige Pregide	Domenic M. Coletta
eet, North Providence, RI			Mario Coletta

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state: a: gasoline: station:	tated, isto .ope	r of business, briefly s	THIRD: Characte
mete of Rhode Island			
SERVICE CENTER, INC.	BOIS TSAB	sof the corporation is	Fresh The name
r the year 1984			
		Jac ant 10 au	110

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filled. Please contact Corporation [Displayion for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE Annual Report for the year 1983 The name of the corporation is EAST SIDE SERVICE CENTER, INC. SECOND: It is incorporated under the laws of the State of Rhode Island THIRD: Character of business, briefly stated, is to operate a gasoline station and to engage in all business applicable therete. FOURTH: If foreign corporation, address of its principal office Business address in Rhode Island (blank reports will be mailed to this 105 Medway Street, Providence, Rhode Island 02906 address) Sixth: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Director Director Director Mario Coletta 45 Jane Street, North Providence, President Domenic M. Coletta Vice President Valia Coletta Secretary Mario Coletta Treasurer (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: or statement that shares are without par value No. of Shares Class Series 8000 common no par value EIGHTH: Number of Shares issued: Par Value or statement that shares are without No. of Shares Series

200

common

no par value

Dated:

February 18,

19.83

EAST SIDE SERVICE CENTER, INC.

(Name of Corporation)

4956A14 ... Title President

(Report must be signed by an officer)

If the corporation has changed its highered office and/or its registered agent, Form #9 must be filed. Please contact contact por properties of the properties of th

APR 15 1983 1

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

			Annual Report for the	e year 1982
FIRST:	The name of	the corporation	is EAST SIDE SERVI	CE CENTER, INC.
Second:	It is incor	porated under the	he laws of the State of	of Rhode Island
		business, briefl	•	gasoline station and
Fourth	: If foreign	corporation, ac	ddress of its principal	l office
FIFTH:			Island (blank reports	will be mailed to this
Sixth:	Names and	addresses of its	directors and officer	s:
	(Addresses	must include street i	and number, if any)	
	Name	Office		Address
		Director		
		. Director		
		Director		
Mario Colet	 	President		North Providence, R.I
		Vice Presid	lent	
Valia Colet	tta	Secretary	Same	
Mario Colet	· • ·		Same	
(If additional spi	ace is needed, a	Treasurer		
		of Shares autho		Par Value or statement that shares are without
No. of Sh	ares	Class	Series	par value
8000				no par value
Еіснтн		of Shares issued	· -	Par Value or statement that shares are without
No. of Sh	arcs	Class	Series	par value
200			6	no par value
			2 2	
Dated:	February 22	19. 82	82 EAST SIDE SERVIO	CE CENTER, INC.
	"TOUTGALY EE		(Name of Corporation)	014
			Bo Mario	Coletto
			Title President	tta
			0/ 4	signed by an officer)
			, , , , , , , , , , , , , , , , , , , ,	
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Form #9 must be filed. Please contact Corporation Division for information. 277-3040

JUN 29 1982 In

Filing fee: \$15.00

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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

	U) r		
EAST S	IDE SERVICE CENT	TER. INC.		
nended, the undersig	med corporation her	reby submits the	e General Laws, 1956, as following annual report: rvice Center, Inc.	;
	e of the corporation is			
			Island	
THRD: The addr Union Trust Bldg	ess of its registered o	office in Rhode Isla Chode Island	nd is 410	
			ddress is Terrance S.	
· FOURTH: If a fo	reign corporation, th	e address of its pr	incipal office in the state or	
			0	
land, briefly stated, is business applica	operate a gaso	oline station	and to engage in all	
Name	Office		Address	
	Director			
	Director		·	
	Director	***************************************		
	Director	***************************************		
	Director			
	Director	*************************		
rio Coletta	President	45 Jane S	t., North Providence	, R
menic M. Coletta	Vice Presid	ient""	H H	"
lia Coletta	Secretary	H H	H H	**
rio Coletta	Treasurer			n
CEMENTH. The or	amagata mumbay of ab	amaa subiab is baa		
classes, par value of s	gregate number of sit hares, shares withou	ares which it has a tparvalue, and seri	uthority to issue, itemized ies, if any, within a class, is:	
, , ,			Par Value per Share	
Number of		~ ·	or Statement that Shares are without	
Shares	Class	<u>Series</u>	Par Value	
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Form 31 8-79

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

of shares, shares without	par varue, and :	series, ir any, within a c	
Number of Shares	Class	Series	Par Valuo per Share or Statement that Shares are without Par Value
			•
200	common		no par value
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Dated February 18	, 1981	EAST SIDE SERVIC	E CENTER, INC.
		(NAME OF COR	PORATION
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		Mario colecta	sident
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Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

Pursuant to the pamended, the undersign	provisions of Section ned corporation he	reby submits the fo	General Laws, 1956, as allowing annual report:
SECOND: It is in	corporated under th	he laws of Rhod	e. Island
THIRD: The addre	ess of its registered (office in Rhode Island	is410UnionTrus.t
	stered agent in Rhoo	le Island at such add	ress is Terrance S.
			ripal office in the state or
Island, briefly stated, is business applicabl	operate a gasc e thereto. s and respective add	oline station and	s and officers are:
	Office Discostor		Address
	Director	** ************************************	· · · · · · · · · · · · · · · · · · ·
	Director	***** (********************************	
	Director	**************************************	
The second secon		1149 Advantaged Bridge 181 11 14	
the second of the second of the second of	Director		
	Director	***************************************	
Mario Coletta			St., North Providence, RI
Domenic M. Coletta		dent Same	
Valia Coletta	Secretary	Same	
Mario Coletta	Treasurer	Same	
SEVENTH: The agg by classes, par value of sh	regate number of sh ares, shares withou	ares which it has aut tparvalue,andseries,	hority to issue, itemized if any, within a class, is:
Number of Shares			Par Value per Share or Statement that Shares are without
8000	Class	Series	Par Value

APR 1 5 1980

Form 31 8-79

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class		,	eries	Par Value per Share or Statement that Shares are without Par Value
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Dated Feb. 18	,19 80		EAST :	SIDE SERVIO	CE CENTER, INC.
Dated	,40 ; ,			(NAME OF CORPORAT	
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		; · ; ;	Mario	Coletta	

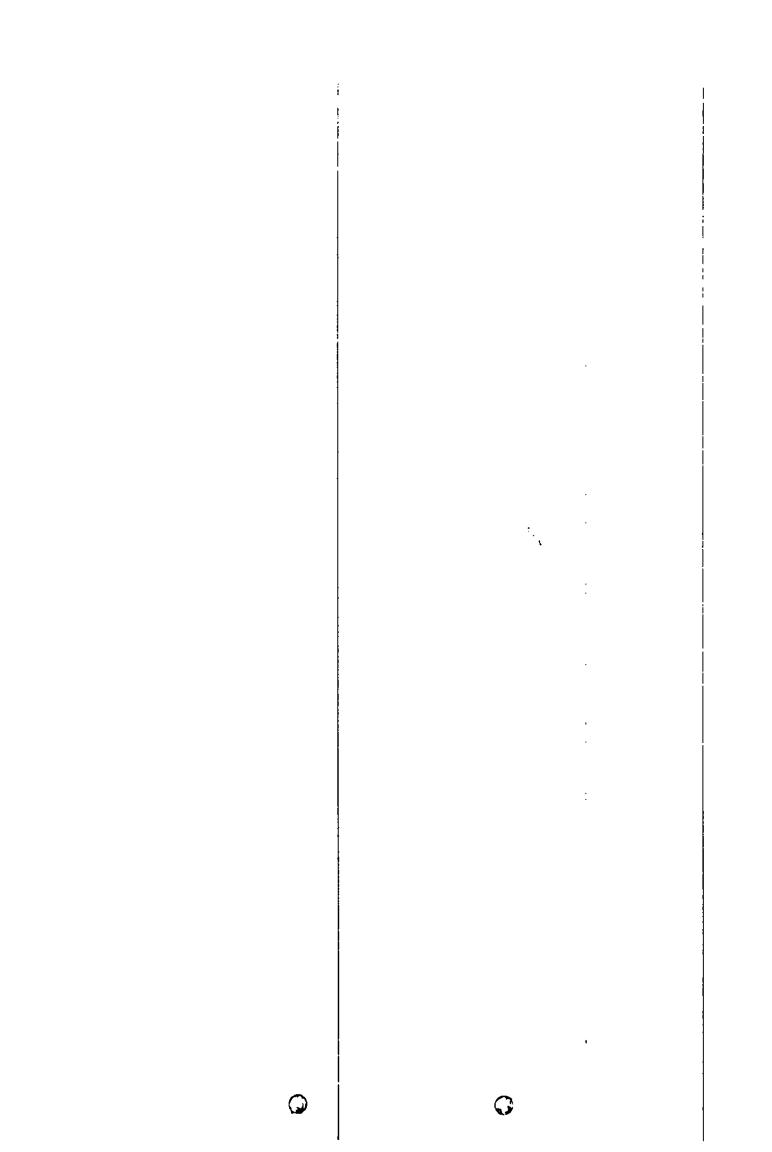
Its President

Filing fee: \$10.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH,

OF

EAST SIDE SERV	ICE CENTER, INC.									
To the Secretary of State										
of the State of Rhode Island										
Pursuant to the provisions of Section 7-1.1-12 of the General Laws, 1956, as (Insert "7-1.1-12" if a domestic corporation, or "7-1.1-10" if a foreign corporation.) amended, the undersigned corporation, organized under the laws of the State of Rhode Island , submits the following statement for the purpose of changing its										
						registered office or its registered agent, or both, in the State of Rhode Island:				
						FIRST: The name of the corporation is EAST SIDE SERVICE CENTER, INC.				
-	ent registered office is 150 Washington Street,									
THIRD: The address to which its	s registered office is to be changed is									
	Rhode Island 02906									
FOURTH: The name of its prese	nt registered agent is Terrance S. Martiesian									
	or registered agent is									
SIXTH: The address of its regis its registered agent, as changed, wi	stered office and the address of the business office of ll be identical.									
SEVENTH: Such change was au directors.	thorized by resolution duly adopted by its board of									
Dated February 17, , 19 82										
Dated , 19	CAST CARE CERTIFICE CONTRACT AND									
	EAST SIDE SERVICE CENTER, INC.									
	By Mario Coletta									
	Its President									
STATE OF Rhode Island Sc.										
COUNTY OF Providence	2									
At Providence	in said county on this / 2001 day									
of Jelly, 19	982, personally appeared before me									
Mario Coletta , , , , ,	vho, being by me first duly sworn, declared that he									
	80f East Side Service Center, Inc.									
	nt as President of the									
corporation, and that the statements	therein contained are true.									
	0 • A *									
	O									
(NOTARIAL SEAL)	Com Olastu									
	Notary Public									
	Notary Public									
FORM 0 10M 4-75	JUN 22 1982 Jm									



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH,

OF

EAST SIDE SERV	VICE CENTER, INC.
To the Secretary of State	
of the State of Rhode Island	••
	on 7-11-12 of the General Laws, 1956, as domestic corporation, or "7-1.1-107" if a foreign corporation.)
	rganized under the laws of the State ofRhode
Island submits the followi	ng statement for the purpose of changing its
registered office or its registered agent, o	r both, in the State of Rhode Island:
FIRST: The name of the corporation	n is East Side Service Center, Inc.
-	registered office is 606 Hospital Trust
Building, Providence, RI	•
	ristered office is to be changed is 410 Union
-	egistered agent is Terrance S. Martiesian
	egistered agent is Terrance S. Martiesian
Dated July 1 , 19.80	ized by resolution duly adopted by its board of
	EAST SIDE SERVICE CENTER, INC.
	By Mand Clitte
•	
	ItsPresident
STATE OF RHODE ISLAND } Sc.	
COUNTY OF PROVIDENCE)	
At Providence	in said county on this lst day
	, personally appeared before me Mario
	being by me figst duly sworn, declared that he
	of Eas® Side Service Center, Inc.
that he signed the foregoing document as corporation, and that the statements ther	President of the ein contained are true.
	16A *
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(NOTARIAL SEAL)	(Janist Cla)
	Notary Public Tempance S. Martiesian
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FORM 8 10M 7-78	A UG 26 1980 €

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