RI SOS Filing Number: 202197245170 Date: 5/26/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAY 26 2021

BY

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
96667	**NARRAGANSETT GASOLINE CO., INC.**

3. Principal Office Address	City	State	Zip
88 Point Judith Road	**Narragansett**	**RI**	**02882**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
447110	**The operation of a retail gasoline station.**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Domenic A. Ciunci**			Vice-President Name **David Cavallaro**		
Street Address **School Street, Apt. 409**			Street Address **585 Black Plain Road**		
City **Albion**	State **RI**	Zip **02802**	City **North Smithfield**	State **RI**	Zip **02896**
Secretary Name **Denise Cavallaro**			Treasurer Name **Denise Cavallaro**		
Street Address **585 Black Plain Road**			Street Address **585 Black Plain Road**		
City **North Smithfield**	State **RI**	Zip **02896**	City **North Smithfield**	State **RI**	Zip **02896**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Domenic A. Ciunci**			Director Name **David Cavallaro**		
Street Address **School Street, Apt. 409**			Street Address **585 Black Plain Road**		
City **Albion**	State **RI**	Zip **02802**	City **North Smithfield**	State **RI**	Zip **02896**
Director Name **Denise Cavallaro**			Director Name		
Street Address **585 Black Plain Road**			Street Address		
City **North Smithfield**	State **RI**	Zip **02896**	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**Common**	**No par**

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
David Cavallaro	5/4/ , 2021

Signature of Authorized Representative SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017