RI SOS Filing Number: 202446728720 Date: 2/14/2024 4:00:00 PM

Corporation

State of Rhode Island

	Department of S	itate - Business	Services	Division
Annual	Report for the year:	2024		

Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31

FEB 14	2024	'n
354	O	V

1. Entity ID Number								
001703112		2. Exact name of the Corporation CORY & SONS CITGO, INC.						
3. Principal Office Address	133111		City	· · · · · · · · · · · · · · · · · · ·	 IState	Zip		
716 Hartford Avenue			Provid	dence	RI	02909		
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island						
447190	Gasoline	Gasoline Sales, Service and Repairs						
5. State of Incorporation								
Rhode Island	1							
7. List ALL officers (names and	addresses)			Check the	e box to indic	ate an attachment		
President Name Corado A. Dottor, Jr			Vice-Pres	Vice-President Name Corado A. Dottor, Jr				
Street Address 2 Corral Court			Street Ad	Street Address 2 Corral Court				
^{City} Cranston	State RI	^{Zip} 02921	City Cra	isnton	State	RI 02921		
Secretary Name Corado A. D	ottor, Jr	TN						
Street Address 2 Corral Court			Street Ad	Street Address 2 Corral Court				
^{City} Cranston	State RI	^{Zip} 02921	City Cra	City Cranston		RI 02921		
8. List ALL directors (names and	d addresses)				e box to indic	ate an attachment		
Director Name			Director N	Name				
Street Address			Street Ad	Street Address				
City	State	Zip	City		State	Žip		
Director Name			Director N	lame	I	I		
Street Address			Street Ad	Street Address				
City	State	Zıp	City		State	Zip		
9. Shares Authorized		10. Shares Issu	neq	Check th	ne box to indi	cate an attachment		
This information is currently of re Department of State.	cord in the					PAR VALUE		
Changes require an additional fili	na	100 Shares	S 	Common		No Par Value		
Changes require an additional filing.								
11. This report must be execute					rporation is i	n the hands of a re-		
ceiver or trustee, this report mus Under penalty of perjury, I dea					companying	schedules and		
statements, and that all states	nents contained					3077000103 0170		
Name of Authorized Representative Corado A. Dottor, Jr						Date 2-7-24		
Signature of Authorized Repress	entative ^		•					
Corolo A N	other /							
MAIL TO:	7							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov