



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 30 2024

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1. Entity ID Number 000006777		2. Exact name of the Corporation Food'n Fuel, Inc			
3. Principal Office Address 166 Dean Street		City Providence		State RI	Zip 02903
4. NAICS Code 445510		6. Brief description of the character of business conducted in Rhode Island Convenience Store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John J. Paterra II			Vice-President Name John J. Paterra II		
Street Address 104 Brettonwoods Drive			Street Address 104 Brettonwoods Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS SERIES PAR VALUE		
			100	Common	No Par Value
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 John J Paterra II				Date 04-24-2024	
Signature of Authorized Representative 					

MAIL TO:
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