



RI SOS Filing Number: 202454825400 Date: 5/23/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

MAY 23 2024

BY 232

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

1. Entity ID Number 96667		2. Exact name of the Corporation NARRAGANSETT GASOLINE CO., INC.			
3. Principal Office Address 88 Point Judith Road		City Narragansett		State RI	Zip 02882
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island The operation of a retail gasoline station			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Rod		
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 <input type="checkbox"/>					
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 None		
Street Address 585 Black Plain Road			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		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 David Cavallaro				Date 5/22/2024	
Signature of Authorized Representative 					

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: 11/2021