



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

FEB 10 2025

BY 3987 LG

1. Entity ID Number 001703112		2. Exact name of the Corporation Cory & Sons Citgo, Inc			
3. Principal Office Address 716 Hartford Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 447190		6. Brief description of the character of business conducted in Rhode Island Gasoline sales, service & repairs			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Corado A Dottor, Jr			Vice-President Name Corado A Dottor, Jr		
Street Address 2 Corral Court			Street Address 2 Corral Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Corado A Dottor, Jr			Treasurer Name Corado A Dottor, Jr		
Street Address 2 Corral Court			Street Address 2 Corral Court		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES 100 Shares	CLASS/SERIES Common	PAR VALUE 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 Corrado A Dottor, Jr				Date 1-24-25	
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