



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

APR 21 2025

BY

1. Entity ID Number 000010901		2. Exact name of the Corporation Ginger's Service Station, Inc.			
3. Principal Office Address 110 Oak Street			City Westerly	State RI	Zip 02891
4. NAICS Code 447190		6. Brief description of the character of business conducted in Rhode Island Gasoline Service Station			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Eugene J. Gencarelli, Jr.			Vice-President Name Jeannine M Gencarelli/Brian Morro		
Street Address 110 Oak Street			Street Address 110 Oak Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Jeannine M. Gencarelli			Treasurer Name Eugene J. Gencarelli		
Street Address 110 Oak Street			Street Address 110 Oak Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Eugene J. Gencarelli, Jr.			Director Name Jeannine M. Gencarelli		
Street Address 110 Oak Street			Street Address 110 Oak Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Eugene J. Gencarelli, Jr., President					Date 04/09/25
Signature of Authorized Representative 					

MAIL TO:  
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