



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St., Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 87799		2. Name of Corporation TOWN HALL MOBIL, INC.			
3. Street Address Principal Business Office 1396 HARTFORD AVENUE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 4012722654		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO SELL GASOLINE.					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name RIAD DOULEH			Vice President Name GEORGETTE CHAHINE		
Street Address 520 ANGELL ROAD			Street Address 5 BRIDLE LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name IYAD CHAHINE			Treasurer Name FREDA DOULEH		
Street Address 5 BRIDLE LANE			Street Address 520 ANGELL ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name NONE			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
<b>9. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ( )</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400	\$1.00 PAR VALUE		400	COMMON	\$400.00
<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT ( )</b>					

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.



**FILED**

SEP 16 2008

By AME  
68249

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.

Freda Douleh 9/14/08  
Signature of Officer Date  
FREDA DOULEH  
Print or Type Name of Officer  
TREASURER  
Title of Officer

\*87799 DBC 01/23/06 01:56:50 PM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By \_\_\_\_\_

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