



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. 85068		2. Name of Corporation PORTSMOUTH GETTY, INC.			
3. Street Address Principal Business Office 3381 EAST MAIN ROAD			City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. 4016833844		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO SELL GASOLINE, OIL					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name ASSAD ASSAD			Vice President Name ESKANDAR ASSAD		
Street Address 152 GREELY STREET			Street Address 152 GREELY STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name ASSAD ASSAD			Treasurer Name ESKANDAR ASSAD		
Street Address 152 GREELY STREET			Street Address 152 GREELY STRET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
<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
600	COMM \$1.00 PAR VALUE		600	COMMON	\$600.00

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.



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\*85068 DBC 01/23/06 01:37:11  
**FILED**  
 File Date: JAN 23 2009 1:07  
 Check No. BY DAN S BEM  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/22/09  
 Signature of Officer Date  
ASSAD ASSAD  
 Print or Type Name of Officer  
PRESIDENT  
 Title of Officer