	Form 5500-SF	Short Form Annual Return/Report of Small Employee						
	Department of the Treasury Internal Revenue Service	_	to be filed under sections 104 and 4065 of the Employee <b>2011</b>					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form is	s Open to Public	
P	ension Benefit Guaranty Corporation		dance with	n the instructions to the Form 5500	)-SF.	1115	pection	
		entification Information	4		0/04/4	2011		
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201			2/31/2			
	This return/report is for:		•	-employer plan (not multiemployer)		a one-particip	bant plan	
В	This return/report is:	the first return/report		eturn/report				
-				in year return/report (less than 12 mc	onths)	_		
C	Check box if filing under:	Form 5558		extension		DFVC progra	im	
		special extension (enter descriptio	,					
	ITT II Basic Plan Inform Name of plan	nation—enter all requested information	ation		1h	Throp digit		
	BERS-UNITED OIL COMPANY,	INC. 40(K) PLAN			ID.	Three-digit plan number		
						(PN) ▶	001	
					1c	Effective date of 01/01	•	
	Plan sponsor's name and addre GERS-UNITED OIL COMPANY	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 05-03	fication Number 93157	
					2c	Sponsor's telep		
	/AIN ROAD RTON, RI 02878				2d	Business code ( 45431	see instructions)	
	Plan administrator's name and GERS-UNITED OIL COMPANY	address (if same as plan sponsor, er 136 MAIN RC		")	3b	Administrator's I	EIN 93157	
		TIVERTON, F	RI 02878		3c	Administrator's t 401-624	elephone number 1-9289	
4		lan sponsor has changed since the la	ast return/ı	report filed for this plan, enter the	4b	EIN		
2	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	DN		
		the beginning of the plan year					4	
		the end of the plan year		-	5a 5b		4	
c		count balances as of the end of the p		-	30			
	complete this item)			· · · · · · · · · · · · · · · · · · ·	5c		4	
				(See instructions.)			🗙 Yes 🗌 No	
b				Ident qualified public accountant (IQF ons.)			X Yes 🗌 No	
				SF and must instead use Form 550				
Pa	rt III Financial Informa	ation			1			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
a	•		7a	94840	_		91937	
b				0 94840			0 91937	
<u> </u>	•	'b from line 7a)	7c			(1) -		
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) T	otal	
u			8a(1)	0				
	(2) Participants		8a(2)	2520				
	(3) Others (including rollovers)	)	8a(3)	0				
b	( )		8b	-5423	_			
С		8a(2), 8a(3), and 8b)	8c		_		-2903	
d		ollovers and insurance premiums	8d	0				
е	• •	ive distributions (see instructions)	8e	0				
f		s (salaries, fees, commissions)	8f	0				
g	Other expenses		8g	0				
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				0	
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				-2903	
j	Transfers to (from) the plan (se	ee instructions)	8j	0				

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## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	۷	Compliance Questions						
10	Durir	ng the plan year:		Yes	No	A	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		x			
С	Was	s the plan covered by a fidelity bond?	10c	Х				50000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		x			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	x				421
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х			
i		h was answered "Yes," check the box if you either provided the required notice or one of the providing the notice applied under 29 CFR 2520.101-3	10i		х			
Part	VI	Pension Funding Compliance						
<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))</li></ul>								
12								
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ting the waiver	th					
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
		r the minimum required contribution for this plan year			120 12c			
c d		r the amount contributed by the employer to the plan for this plan year ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left		····  -	-			
u		tive amount)			12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Hasa	a resolution to terminate the plan been adopted in any plan year?			1	res X No		
	lf "Y€	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought						i 🗙 No
с	If du	e PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.)						
1		Name of plan(s):		13	c(2) El	IN(s)	13c(3	<b>3)</b> PN(s)
Caut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	establ	lished.		· · ·
Unde	r non	alties of pariury and other papalties set forth in the instructions. I declare that I have examined this rate	urn/ro	nort ir	adudin	a if appliach		odulo

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/24/2012	TERESA HELGER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 55	500-SF	Short Form Annua			mail Employ	<b>¢e</b>		Mis Nov- 1210-0110 1210-0089		
Depertment of it	Department of the Treeswy minimum department of the Treeswy This form is required to be fired under sections 104 and 4005 of the Employee						2011			
CHAppinvert	Clearly Aduation (Lister Security Aduation Security Aduation 1974 (ERISA), and sections 6057(b) and 6058(s) a the Internal Revanue Code (the Code).							Open to Public	•	
Paraton Benefit Gyan		. Complete all entries in a	woord ance with	the instruction	to the Form 5000	SF.			_	
Part Ann	ual Report id	entification information	a 01/01/20	·	and ending		12/31/201	<del></del> -	_	
For calendar plans	of in for	i plan yaar baginning 5 a single-employer clan			or multismployer)				-	
A This return/nep	ontistor: 🖬				or unresuboyer)	L	e one-particip	erit pesi		
8 This return/rep	on is:	the first neturn/report	the final re		ort (icas than 12 mo					
		n amender return/report	· ·				DEVC program	-		
C Check box If (1)	Ning under:	Ports: 5558				1				
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		nation-enter all requested i	monneeon			15	Three-digit		-	
14 Name of plan		Company, Inc. 40()	e Plan				plan aumber			
ne:Aers-/		damperije inter inte					(PN)	001	_	
							Effective date of 01/01/2005			
		me, include room or suite num	the tomolowor if	in a sinche emol	hver nien)		Employer identif	,	-	
28 Pian sponsor. Relativer	Daited Oil	Company		ice a andige-create	of the free of		(EK) 05-039	3157		
Nong-10						2¢ -	Sponsor's telept	hene nymber	_	
					ļ		(401) 624-			
136 <b>Ma</b> in	Road					20	Busineas code () 454311	see instructions)		
Tiverton				R1 02	878	46.	Administrator's		_	
38 Plan administ Same	rator's name and	socress (il same se plan apor		1		-				
-						3c .	Administrator's 1	nadimus evortgata		
4 If the frame a	ndior EIN of the p	ian sponser has changed sint	e the last return/r	epon tiled for this	e plan, enter the	46	티카			
		er from the last return/report.				<b>4</b> c			-	
2 Sponsol's na Sa Total number		the beginning of the plan yea				54			4	
		the end of the plan year			1	86		····	4	
		court belonges as of the ord-							-	
c number or p	encopera marara. E ( <u>1977)</u>	Workert Apple the an ex dig only -	or cost broat 1 and 1		and the second se	5c			4	
Ga Wore all of t	the plan's assale (	turing the plan year invested to	eligible assets?	(See instructions	s.)		******	🛛 Yes 🔲 No	a	
b Are you clair	ming a waiver of M	te annual examination and rea (See instructions on walver elle	part of an indepen	uq behikeup meb	blic accountant (KG)	PA)			ø	
Under 29 CF	-H 2520.704-4574 and "No" to skit	ter 64 of 65, the plan cannot	use Form 5500-	SF and must int	atied use Form 55	<b>18</b> .				
Part # 4 Fin	anolal inform	rtion								
7 Plan Assets	and Liabilities			(e) Sec	inning of Year	_	(b) End	of Year	_	
a Total plan at		,	······		94, 84	<u>q</u> .		91,93	31	
D Total plan ile	dities					4				
		76 from line 78)	енранита. <b>74</b> 13-111 Stat		94.84	<u>-</u>		91,93	<u>.</u>	
		fers for the Plan Year		(11)		2.57	( <b>b)</b> (5)	Fotal	_	
a Contribution		ivable from;	3a(1)			0				
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<b>1</b>		f)				OL P			ŝ.	
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		6a(2), 5a(3), and 6b)				ж.		(2,903	3	
		rollowers and insurance premi				151				
to provide by	enoāb)			[	·	10				
		tive distributions (see insouch				<b>_</b> ]%				
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•	-	8e, 8f, and 8g)				30 27		(2,903	ې ۲۰	
		ie 8h (rom line 8c)		#19. <u>2018.</u> 2.)		88 7 11.73	a Table and the second		2	
		are instructions)				1		Form 5008-37 (201		
For Paper York River	otion And Marice and C	No Control Najabara, suc the Instruc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>.</b>				Form 5608-27 (201)		

Form \$500-SF 2011

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 Part 6/ Plan Characteristics

 94
 If the plan provides penals penals, order the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 25 2F 2G 2J 2T 3D

Page 2 -

b If the plan provides welfare benefits, enter the applicable welfare tealure codes from the List of Plan Characteristic Codes in the instructions:

10	During the plan year:		Yes	No		Ampu	171
۵	Was there a faiture to thereast to the plan any participant contributions within the time period described in 20 CFB 2510.3-1022 (See instructions and OOL's Voluntary Fiduciary Connection Program)	10-		×			
b	ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on time 10a.)	506		x			<u></u>
c	Was the plan coversid by a lidelity bond?	tūc	X		<u> </u>		50,00
	Die the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or discontesty?	104		X			
8	Were any term or commissions paid to any brokens, agains, or other persons by an ineutance carrier, insurance service or other organization that provides some or all of the bonefits under the plan? (See instructions.)	104	×				12
ŧ	Has the plan (alled to provide any bedefit when due under the plan?	tof		X		_	
a	the plan have any participant loans? (If "Yes," anter anoxent as of year and.)	100		X		_	
ħ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3 )	185		x		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
i	If 10h was answered "Yee," check the box II you either provided the required notice or one of the exceptions to providing the notice applied under 28 CFR 2520,101-3	101		х			
с	Pension Funding Compliance						_
12	Is this a defined constitution plan subject to the minimum funding requirements of section 412 of the Cod	6 OF 6	ection	302 pi	ENSA?	. []	Yes A Na
	() ("Yes," complete 12s or 12b, 12d, 12d, and 12è below, as ep picable.) If a waiver of the International funding standard for a prior year is being amontzed in this plan year, eee interv construct the Vinterview funding standard for a prior year is being amontzed in this plan year, eee interview. Mo	e or e xctiona	ection	302 pl enter t	ERISA? ne dala c	af she lett	ies culing
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ם די ל כ ל פ	(If "Yes," complete 12s or 12b, 12d, 12d, and 12b below, as epplicable.) If a waiver of the means funding standard for a prior year is being amontzed in this plan year, eeo inser- granting the waiver,	in or s x tiona Rift L of s		302 of enter t Dey 125 12c 12d	EittSA7	af she lott Yetar	***
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n b c d e 13a	(If "Yes," complete 12s or 12b, 12d, 12d, and 12b below, as epipicable.) If a waiver of the internantiangling standard for a prior year is being amontzed in this plan year, see inter- granting the waiver			302 of enter t Day 12b 12c 12c	ERISA? ne data c	Yezar	
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n b c d 13a b c	(If "Yes," complete 12s or 12b, 12d, 12d, and 12b below, as epipicable.) If a waiver of the inicianum funding standard for a prior year is being amontzed in this plan year, see inser- granting the waiver. We completed line 12s, complete lines 3, 5, and 10 of Schedule Mil (Form 5560), and skip to the 12 Enter the munimum required contribution for this plan for this plan year. Enter the amount composited by the employer to the plan for this plan year. Subtract the amount composited by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (onter a manus sign to the lef regative emposition for the plan been adopted an line 12b be met by the landing deadline? Will the minimum funding emport reported on line 12th be met by the landing deadline? Whit the minimum funding emport reported on line 12th be met by the landing deadline? Whit the minimum funding emport reported on line 12th be met by the landing deadline? Whit the minimum funding emport of an excite the result to the employer line year. If "Yes," enter the amount of any plan assets that reverted to the employer line year. Were all the plan assets distributed to participants of betraficiaries, transferred to another plan, or strongle of the PBGC? If during the plan year, any assets of isoblities were transferred from this plan to another plan(e), identify which assets or liabilities were transferred. (See Instructions.)	in or s interest inte	4 And 4 And And And And And And And And	302 pl aniler t Day 12b 12c 12d 12d 5ontrol 0 3o(2) 5	ERISA? De data ( Yes 2 SN(e)	[]	ier auflieg o D NVA

SB or Schedule MB completed and signed by behal, it is (rue, correct, and complete.

man Meran & Nelson	733.12	Tergsa Helger
Here Signature of plan perministration	Dele	Enter meme of individual signing as plate administrator
1419N	<u> </u>	
HERE Signature of employer/plan appretor	Dete	Enter name of individual signing as employer or plan sponsor