

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.  
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

**THE COMMONWEALTH OF MASSACHUSETTS**

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION  
1010 COMMONWEALTH AVE. BOSTON

**RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE**

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

A.L. PRIME ENGERY/BRIAN SHANNON  
319 SALEM STREET  
WAKEFIELD MA 01880 4444

Lic#: F-2012-134  
B.O.A.#: 187386  
Fee: \$550.00

Restricted to: 20,000 Gallons Total  
Restricted as follows;

AMENDED 05/28/70 - STORAGE AND SALE, AMENDED 5/28/87 BOA # 147340  
20,000 GALS. UNDERGROUND GASOLINE, 500 GALS. ABOVEGROUND GASOLINE,  
1,000 GALS WASTE OIL. CONDITIONS: VEHICLES SERVICED INSIDE THE BUIDLING  
NOT ON ANY PUBLIC OR PRIVATE WAY. 2. ALL VEHICLES STORED WITHIN PROPERTY  
LINES 3. PARKING NO BLOCKING OF THE SIDEWALK OR ANY PUBLIC WAY, INCLUDING  
DURING SNOW REMOVAL 4 SPRAYING PAINTING NOT ALLOWED 5. AUTO BODY NOT  
ALLOWED 6. NO WASHING OF VEHICLES OUTSIDE THE LICENSE BUILDING. 7 HOURS  
OF OPERATION AS PREVIOUSLY LICENSED SEE ATTACHED CONDITIONS

Is the holder of the license originally granted 02/17/2005  
for the lawful use of the building (s) or other structure (s) situated or  
to be situated at 00073 SUMMER ST  
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR  
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the  
license if said license was granted prior to July 1, 1936, otherwise by the  
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,  
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: A.L. PRIME ENGERY TEL: 781-246-0201  
Company Address: 00073 SUMMER ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_  
Gov't Partner Other

Owner Name: A.L. PRIME ENGERY/BRIAN SHANNON TEL: 781-246-0201  
Owner Address: 319 SALEM STREET

Owner City: WAKEFIELD State: MA Zip: 01880  
FID#: 043113749

This Application must be signed and filed with the required fee no later than  
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by  
04/30/2012 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner \_\_\_ Occupant ✓ Holder \_\_\_

[Signature] v.p.  
Signature of Applicant

319 SALEM ST.  
Address

WAKEFIELD MA 01880  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: \_\_\_\_\_  
City Clerk \_\_\_\_\_  
CITY CLERK'S OFFICE  
2012 APR 30 P 1:35

**IMPORTANT**

#420  
REF 523

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: A.L. PRIME ENERGY

Somerville Address and Zip Code: 73 SUMMER ST. 02143

Phone Number of the Business: (617) 623 - 9200

The Legal Name of the License Holder: A.L. PRIME ENERGY CONSULTANT INC.

Street Address of the License Holder: 319 SALEM ST.

City, State and Zip Code of the License Holder: WAKEFIELD MA 01880

Phone Number of the License Holder: (781) 246-0201 X 202

Email Address of the License Holder: NASSER.ABUEID@ALPRIME.COM

Where We Should Send Mail: Name: A.L. PRIME ENERGY

Street Address: 319 SALEM ST.

City, State and Zip Code: WAKEFIELD MA 01880

Email: NASSER.ABUEID@ALPRIME.COM

Phone Number: (781) 246-0201 X 202

2012 MAR 30  
 CITY CLERK'S OFFICE  
 1.34

Federal ID # (Do Not Give a Social Security #): 04-3113749

Emergency Contact and Phone (For Fire Dept. Use): MAHMOUD SHIEKHABDOU (781) 760-1651

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: \_\_\_\_\_

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

Corporation (inc. LLC): Name of President: SAAD NASSER BUISIER

Name of Secretary: FARAG GAAEAR

Name of Treasurer: NASSER ABU-EID

Other (Attach a Description of the Form of Ownership and the Names of Owners) \_\_\_\_\_

**ACKNOWLEDGEMENT:** I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the Somerville Board of Aldermen.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 3/29/2012

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

A.L. PRIME ENERGY CONSULTANT INC

\* Signature of Individual or Corporate Name (Mandatory)

 v.s.  
By: Corporate Officer (Mandatory ~~if~~ a corporation)

04-3113749

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: A.L. PRIME ENERGY

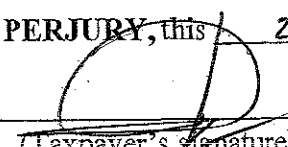
Address of taxpayer/applicant's business in Somerville: 73 SUMMER ST.

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (781) 246-0241 evening: (781) 760-1651  
x202

I, (print name) NASSER ABU-ENIN J.P., the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 21 day of

MARCH, 2012  
  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 01025100      # 24857700      # 1215      # \_\_\_\_\_  
1407

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:  **RECEIVED**  
UBanaw

4-5-12



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: A. L. PRIME ENERGY

Address: 319 SALEM ST.

City/State/Zip: WAKEFIELD MA 01880 Phone #: (781) 246-0201 x 202

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>150</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input checked="" type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 \*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: HARTFORD UNDERWRITERS INSURANCE CO.

Insurer's Address: 50 PROSPECT ST.

City/State/Zip: WALTHAM MA 02453

Policy # or Self-ins. Lic. # 4973P277 UB Expiration Date: 12/01/2011

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 3/29/2012

Phone #: (781) 246-0201 x 202

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):  
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# VDAC



## WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: (6S60UB-4973P27-7-11)  
NEW-11

INSURER: HARTFORD UNDERWRITERS INSURANCE COMPANY

NCCI CO CODE: 80411

1.

**INSURED:**

A L PRIME ENERGY CONSULTANT  
INC  
319B SALEM STREET  
WAKEFIELD MA 01880

**PRODUCER:**

EASTERN STATES INS AGCY  
50 PROSPECT ST  
WALTHAM MA 02453

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 12-01-11 to 12-01-12 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	1000000	Each Accident
Bodily Injury by Disease:	\$	1000000	Policy Limit
Bodily Injury by Disease:	\$	1000000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06A

D. This policy includes these endorsements and schedules:

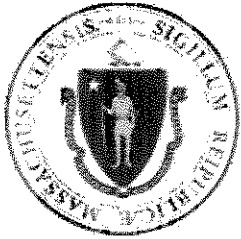
SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 01-20-12 CB  
OFFICE: ORLANDO DA HTFD 05G  
PRODUCER: EASTERN STATES INS AGCY

ST ASSIGN: MA

27T8X



**The Commonwealth of Massachusetts  
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

**A.L. PRIME ENERGY CONSULTANT, INC. Summary Screen**



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: A.L. PRIME ENERGY CONSULTANT, INC.

Entity Type: Domestic Profit Corporation

Identification Number: 043113749

Old Federal Employer Identification Number (Old FEIN): 000358652

Date of Organization in Massachusetts: 03/28/1991

Current Fiscal Month / Day: 12 / 31

Previous Fiscal Month / Day: 00 / 00

**The location of its principal office:**

No. and Street: 319 SALEM ST  
City or Town: WAKEFIELD State: MA Zip: 01880 Country: USA

**If the business entity is organized wholly to do business outside Massachusetts, the location of that office:**

No. and Street:  
City or Town: State: Zip: Country:

**Name and address of the Registered Agent:**

Name: FARAG GAAFER  
No. and Street: 319 SALEM ST  
City or Town: WAKEFIELD State: MA Zip: 01880 Country: USA

**The officers and all of the directors of the corporation:**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	SAAD N. BUISIER	357 COMMERCIAL ST., BOSTON, MA USA	
PRESIDENT	SAAD N. BUISIER	357 COMMERCIAL ST., BOSTON, MA 00000 USA	
TREASURER	NASSER ABU-EID	432 GLEN RD WESTON, MA 02493 USA	
SECRETARY	FARAG GAAFER	388 OCEAN AVE REVERE, MA 02151 USA	
DIRECTOR	SAAD N. BUISIER	357 COMMERCIAL ST.,	