RI SOS Filing Number: 200808728010 Date: 03/31/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

***A. Ralph Mollis,** Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
000143967	Titan Propane LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Retail sale of propane and propane related products

5. Principal office address	City	State	Zip
8801 S. Yale Ave., Suite 310	Tulsa	OK	74137

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Peggy J. Harrison	Legal Assistant

Street Address	City	State	Zip
8801 S. Yale Ave., Suite 310	Tulsa	OK	74137

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
R.C. Mills	
Street Address	Street Address
5000 Sawgrass Village Circle, Suite 4	
City / State / Zip: Ponte Vedra Beach / FL / 32082	City / State / Zip:
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip:	City / State / Zip:

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
CT Corporation System	10 Weybosset Street	
Address	City	Zip
	Providence	02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

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.

RCMills 3/24/08
Signature of Authorized Person *Date*

[redacted]

R.C. Mills, Manager
Print or Type Name of Authorized Person

File Date FILED
Check No. MAR 31 2008
By: By 1022
FOR SECRETARY OF STATE USE ONLY

20702-5-212898

Form 632 Rev. 07/07