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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** 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.	2. Name of Corporation
11189	EAST PROVIDENCE FUEL OIL CO.

3. Street Address Principal Business Office	City	State	Zip
1015 South Broadway	East Providence	RI	02914

4. Business Phone No.	5. State of Incorporation
(401) 434-1160	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Delivery of Home Heating Oil and other related services

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Victor R. Allienello, Jr.	23 Slocum Street	East Providence	RI	02914

Vice President Name	Street Address	City	State	Zip
Victor R. Allienello, Jr.	23 Slocum Street	East Providence	RI	02914

Secretary Name	Street Address	City	State	Zip
M. Hilda Allienello	23 Slocum Street	East Providence	RI	02914

Treasurer Name	Street Address	City	State	Zip
M. Hilda Allienello	23 Slocum Street	East Providence	RI	02914

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Victor R. Allienello, Sr.	212 Bellevue Couort	Narragansett	RI	02872

Director Name	Street Address	City	State	Zip
Victor R. Allienello, Jr.	23 Slocum Street	East Providence	RI	02914

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	Common	No Par Value

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	Common	No Par Value

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.

[redacted]

FILED
File Date MAR 24 2008
Check No. DS 81350
By:

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21549-03-247948

[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.

Victor R. Allienello 3-20-08
Signature *Date*

Victor R. Allienello, Jr.
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06