



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 2013

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. 70594 | | 2. Name of Corporation BLUE SKY NATURAL GAS & PETROLEUM, INC. | | | |
| 3. Street Address Principal Business Office 99 Charlotte Drive | | | City East Greenwich | State RI | Zip 02818 |
| 4. Business Phone No. | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN NATURAL GAS, PETROLEUM, OIL AND CRUDE OIL | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Leslie Ann Mathews | | | Vice President Name Leslie Ann Mathews | | |
| Street Address 99 Charlotte Drive | | | Street Address 99 Charlotte Drive | | |
| City East Greenwich | State RI | Zip 02818 | City East Greenwich | State RI | Zip 02818 |
| Secretary Name Leslie Ann Mathews | | | Treasurer Name Leslie Ann Mathews | | |
| Street Address 99 Charlotte Drive | | | Street Address 99 Charlotte Drive | | |
| City East Greenwich | State RI | Zip 02818 | City East Greenwich | State RI | Zip 02818 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Leslie Ann Mathews | | | Director Name | | |
| Street Address 99 Charlotte Drive | | | Street Address | | |
| City East Greenwich | State RI | Zip 02818 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,000 NO PAR VALUE | | | 100 | 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.

FILED

JAN 08 2013

File Date _____
Check BY MMC
By: 3955
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.

Leslie Ann Mathews Jan. 7, 2013
Signature Date

Leslie Ann Mathews

Print or Type Name

President

Title