



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>46687</b>		2. Exact name of the Corporation <b>A + B OIL, INC</b>					
3. Principal office address <b>4 Spuchy Drive (PO505)</b>				City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
4. Business Phone No. <b>401-596-3419</b>				5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Selling oil and repairs and new installations of Heating Systems</b>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
President Name <b>SAMUEL A BLIVEN JR</b>				Vice-President Name <b>SAMUEL A BLIVEN JR</b>			
Street Address <b>50 OLD POST ROAD</b>				Street Address			
City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>		City	State	Zip	
Secretary Name <b>SAMUEL A BLIVEN JR</b>				Treasurer Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
Director Name <b>SAMUEL A BLIVEN JR</b>				Director Name <b>SAMUEL A BLIVEN JR</b>			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
<b>9. SHARES AUTHORIZED</b>				<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>	

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**

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.

**JAN 23 2013**

**Samuel A Bliven Jr** JAN 18, 2013  
 Signature of Authorized Representative Date

BY **521**

**SAMUEL A BLIVEN JR**  
 Print or Type Name of Authorized Representative

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY