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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 2014

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.	2. Exact name of the Corporation
82046	LACHAPELLE OIL & HEATING CO.

3. Principal office address	City	State	Zip
5 Louise Ann Drive	Esmond	RI	02917

4. Business Phone No.	5. State of Incorporation
231-0289	Rhode Island

6. Brief description of the character of business conducted in Rhode Island

for the operation of an oil and heating service company

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Wayne Lachapelle	129 Farnum Pike	Smithfield	RI	02917

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
Michelle Jackvony	4 Louise Ann Drive	Smithfield	RI	02917

Treasurer Name	Street Address	City	State	Zip
Wayne Lachapelle	129 Farnum Pike	Smithfield	RI	02917

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Wayne Lachapelle	129 Farnum Pike	Smithfield	RI	02917

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Charles Lachapelle	5 Louise Ann Drive	Smithfield	RI	02917

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	$1.00

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 23 2014
10810
BY

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.

Wayne Lachapelle 1/20/2014
Signature of Authorized Representative Date

Wayne Lachapelle, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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