



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. 796128		2. Exact name of the Corporation Total Energy Capital Corporation			
3. Principal office address 101 Corliss Street		City Providence	State RI	Zip 02904	
4. Business Phone No. 401-942-5000		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island SELL Lubricants AND SERVICE Lubricant equipment.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name John C. Santoro		Vice-President Name Joseph A. Santoro			
Street Address 101 Corliss Street		Street Address 101 Corliss Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Anthony M. Santoro (Asst. Sec. John C. Santoro)		Treasurer Name John C. Santoro			
Street Address 101 Corliss Street		Street Address 101 Corliss Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
Director Name John C. Santoro		Director Name Joseph A. Santoro			
Street Address 101 Corliss Street		Street Address 101 Corliss Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Anthony M. Santoro		Director Name			
Street Address 101 Corliss Street		Street Address			
City Providence	State RI	Zip 02904	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒			
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	
		1,000 Class A	Common	\$1 par value	
		2,000 Class B	Common	\$1 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.

File Date _____
Check No. _____
By _____
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.

Signature of Authorized Representative

Date

John C. Santoro

Print or Type Name of Authorized Representative

FILED

APR 21 2014

BY **031968**