



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. <u>85553</u>		2. Exact name of the Corporation <u>HERITAGE OIL, INC.</u>		
3. Principal office address <u>3018 EAST MAIN Rd.</u>		City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>
4. Business Phone No. <u>401-683-1777</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>TO sell HEATING OIL & DIESEL OIL & TO Provide services & maintenance of Home & DIESEL HEATING SYSTEMS.</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>LISA LAURICANO</u>		Vice-President Name <u>LISA LAURICANO</u>		
Street Address <u>3018 EAST MAIN Rd</u>		Street Address <u>3018 EAST MAIN Road.</u>		
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>PORTSMOUTH</u>	State <u>RI</u>
Secretary Name <u>LISA LAURICANO</u>		Treasurer Name <u>LISA LAURICANO</u>		
Street Address <u>3018 EAST MAIN Road</u>		Street Address <u>3018 EAST MAIN</u>		
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>PORTSMOUTH</u>	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>N/A</u>		Director Name <u>N/A</u>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <u>N/A</u>		Director Name <u>N/A</u>		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		<u>100</u>	<u>COMMON</u>	<u>NO PAR.</u>

MAY 7 7 12:07 PM
 SECRETARY OF STATE
 CORPORATIONS DIV

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
 11:07 AM
 MAY 07 2014
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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.

Lisa Lauricano 5-7-14
 Signature of Authorized Representative Date

LISA LAURICANO
 Print or Type Name of Authorized Representative