

## 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 2015

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

Filing Fee: \$50.00 • FAI			ARCH 31 WILL RES	ULT IN A \$25.00 PENA	LTY FEE.	
1. Entity ID No.		2. Exact name of the Corporation				
799220	Columb	ous Energies, Inc.				
Principal office address     1492 GAR Highway			City Swansea	State MA	Zip <b>02777</b>	
H. Business Phone No. 508-674-1492			5. State of Incorporation MASSACHUSETTS			
6. Brief description of the charac		s conducted in Rhode Island				
Energy Company - Oil/	Propane					
7/LISTIALL OFFICERS (NAM)	ES AND APOR	esienym med nastra		harikalan arabar eg		
President Name  John A. Macedonio			Vice-President Name			
Street Address 32 Columbus Court			Street Address			
City <b>Swansea</b>	State MA	Zip <b>02777</b>	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8, LISTI ALL DIRECTORS (NA	MES AND ADD	RESSES) (#XT BOX FOR	NTTACHMENT)			
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	**************************************		10. SHAPES ISSUET	) ("X" BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling.  See Section 9 of instruction sheet.		1000	Common			
This report must be executed of	n behalf of the	corporation by an authorize ist be executed on behalf of	d representative. If the	 corporation is in the hands receiver or trustee	of a receiver or trustee,	
				eriury, I declare and affir	m that I have examined	

<b>File Dine</b>	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.		
Check Na	DEC 1 8 2014		12/12/2014	
FOR SECRETARY OF STATE USE ONLY	25345	Signature of Authorized Representative  Weckers	Datte /	
		Phint or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012