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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 2015

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
12134	MONTELLA OIL, INC.

3. Principal office address	City	State	Zip
950 Smith Street	Providence	RI	02908

4. Business Phone No.	5. State of Incorporation
(401) 861-4107	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
Sales, service & maintenance of heating and air conditioning units

7. LIST ALL [illegible] ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
DENNIS A. BROPHY	242 Admiral Street	Providence	RI	02908

Vice-President Name	Street Address	City	State	Zip
PATRICIA A. BROPHY	242 Admiral Street	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
PATRICIA A. BROPHY	242 Admiral Street	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
DENNIS A. BROPHY	242 Admiral Street	Providence	RI	02908

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

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

2015 FEB 17 AM 11:22
SECRETARY OF STATE
CORPORATIONS DIV

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
600	COMMON	NO PAR

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.

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: 2-10-15

Dennis A. Brophy
Print or Type Name of Authorized Representative

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

FILED
FEB 17 2015
BY CR242366

Form No. 630
Revised: 01/2012

117155-2-1015853