



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. 83155		2. Exact name of the Corporation Taylor Oil Northeast, Inc.			
3. Principal office address 176 CENTRE STREET			City HOLBROOK	State MA	Zip 02343
4. Business Phone No. 781-767-5400			5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island TO CONDUCT THE BUSINESS OF BUYING, SELLING AND DISTRIBUTING GASOLINE AND OIL PRODUCTS					
President Name RICHARD WORKMAN			Vice-President Name DAVID M TAYLOR		
Street Address P O BOX 974			Street Address P O BOX 974		
City SOMERVILLE	State NJ	Zip 08876	City SOMERVILLE	State NJ	Zip 08876
Secretary Name JODI GRANDUKE			Treasurer Name DAVID M TAYLOR		
Street Address P O BOX 974			Street Address P O BOX 974		
City SOMERVILLE	State NJ	Zip 08876	City SOMERVILLE	State NJ	Zip 08876
Director Name DAVID M TAYLOR			Director Name		
Street Address P O BOX 974			Street Address		
City SOMERVILLE	State NJ	Zip 08876	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	Common	No Par Value

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 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.

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.

[Handwritten Signature]

Signature of Authorized Representative

Date

RICHARD WORKMAN

Print or Type Name of Authorized Representative

FILED
 MAR 02 2015
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 By AA