



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 796129		2. Exact name of the limited liability company TOTAL ENERGY ENTERPRISES LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Sales and distribution of lubricants and petroleum specialty products/equipment; retail and commercial fuel oil sales and distribution.	
5. Principal office address 101 Corliss Street		City Providence	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Guido R. Salvatore, Esq.		Contact Title Registered Agent	
Street Address 10 Weybosset St., Suite 303		City Providence	State RI
		Zip 02903	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Joseph A. Santoro		Manager 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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

SEP 14 2015

BY

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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 Person

Date

John C. Santoro, Manager

Print or Type Name of Authorized Person