RI SOS Filing Number: 201690893790 Date: 01/19/2016 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
8881	SAVARD OIL COMPANY			
3. Street Address Principal Business Office		City	State	Zip
29 Whelden Avenue		East Providence	RI	02914
4. Business Phone No.	5. State of Incorporation			
401-438-5622	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Retail Fuel Oil				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Leo A. Lusignan			Matthew L. Lusignan		
Street Address			Street Address		
30A Moosup Valley Road			30B Moosup Valley Road		
City	State	Zip	City	State	Zip
Foster	RI	02825	Foster	RI	02825
Secretary Name			**Treasurer Name**		
Joanna M. Lusignan			Leo A. Lusignan		
Street Address			Street Address		
30A Moosup Valley Road			30A Moosup Valley Road		
City	State	Zip	City	State	Zip
Foster	RI	02825	Foster	RI	02825

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Joseph L. Lusignan			Matthew L. Lusignan		
Street Address			Street Address		
30A Moosup Valley Road			30B Moosup Valley Road		
City	State	Zip	City	State	Zip
Foster	RI	02825	Foster	RI	02825
Director Name			**Director Name**		
Leo A. Lusignan			Joanna M. Lusignan		
Street Address			Street Address		
30A Moosup Valley Road			30A Moosup Valley Road		
City	State	Zip	City	State	Zip
Foster	RI	02825	Foster	RI	02825

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
300 Comm No Par Value			300	common	none
			THIS SECTION MUST BE COMPLETED		

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.

[redacted]

FILED
JAN 19 2016
22683

[redacted]

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.

Leo A. Lusignan 1/12/16
Signature *Date*

Leo A. Lusignan
Print or Type Name

[redacted] President
Title

File Date _____ BY _____
Check No. _____
By: _____
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131310-3-1084695

Form 630 Rev. 12/06