



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 2016

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. 794627		2. Exact name of the Corporation SEASIDE FUEL, INC.						
3. Principal office address 55 STATE STREET		City NARRAGANSETT	State RI	Zip 02882				
4. Business Phone No. (401) 741-1831		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island SALE OF DIESEL FUEL								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name CHRISTOPHER ROEBUCK			Vice-President Name TIMOTHY CARROLL					
Street Address 81 POINT AVENUE			Street Address 22 HARCOURT AVENUE					
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879			
Secretary Name TIMOTHY CARROLL			Treasurer Name CHRISTOPHER ROEBUCK					
Street Address 22 HARCOURT AVENUE			Street Address 81 POINT AVENUE					
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	CWP	\$0.0100

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.

File Date _____

Check No _____

By: _____

FILED

FEB 16 2016

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

BY 2/21 DS

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

CHRISTOPHER ROEBUCK, PRESIDENT

Print or Type Name of Authorized Representative