



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

2016

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. <b>82046</b>		2. Exact name of the Corporation <b>LACHAPELLE OIL &amp; HEATING CO.</b>		
3. Principal office address <b>5 Louise Ann Drive</b>		City <b>Esmond</b>	State <b>RI</b>	Zip <b>02917</b>
4. Business Phone No. <b>231-0289</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island  <b>for the operation of an oil and heating service company</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
President Name <b>WAYNE LACHAPELLE</b>		Vice-President Name <b>NONE</b>		
Street Address <b>129 Farnum Pike</b>		Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State
Secretary Name <b>MICHELLE JACKVONY</b>		Treasurer Name <b>WAYNE LACHAPELLE</b>		
Street Address <b>4 Louise Ann Drive</b>		Street Address <b>129 Farnum Pike</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
Director Name <b>WAYNE LACHAPELLE</b>		Director Name		
Street Address <b>129 Farnum Pike</b>		Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State
Director Name <b>CHARLES LACHAPELLE</b>		Director Name		
Street Address <b>5 Louise Ann Drive</b>		Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State
<b>9. SHARES AUTHORIZED</b>				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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		common		\$1.00

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

**MAR 01 2016**

Check No

By:

BY

**a 4431**

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

**WAYNE LACHAPELLE, President**

Print or Type Name of Authorized Representative