



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2016**

Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 122590		2. Exact name of the Corporation Acorn Oil Inc.			
3. Principal Office Address 227 Cleveland street			City pawtucket	State ri	Zip 02860
4. Business Phone Number 401-724-3498			5. State of Incorporation ri		
6. Brief description of the character of business conducted in Rhode Island oil delivery and setvice					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name keith c perry			Vice-President Name karen m perry		
Street Address 227 cleveland street			Street Address 227 cleveland street		
City pwtucket	State ri	Zip 02860	City pawtucket	State ri	Zip 02860
Secretary Name kyle j perry			Treasurer Name karen m perry		
Street Address			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			0	0	0
0		0	0		0
11. 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.					
Name of Authorized Representative Karen M Perry				Date 7/16/16	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUL 25 2016
 BY **KL 3256**