



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 <b>122590</b>		2. Exact name of the Corporation <b>Acorn Oil Inc.</b>		
3. Principal Office Address <b>227 Cleveland street</b>		City <b>pawtucket</b>	State <b>ri</b>	Zip <b>02860</b>
4. Business Phone Number <b>401-724-3498</b>		5. State of Incorporation <b>ri</b>		
6. Brief description of the character of business conducted in Rhode Island <b>oil delivery and setvice</b>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>keith c perry</b>		Vice-President Name <b>karen m perry</b>		
Street Address <b>227 cleveland street</b>		Street Address <b>227 cleveland street</b>		
City <b>pwtucket</b>	State <b>ri</b>	Zip <b>02860</b>	City <b>pawtucket</b>	State <b>ri</b>
Secretary Name <b>kyle j perry</b>		Treasurer Name <b>karen m perry</b>		
Street Address		Street Address <b>same</b>		
City	State	Zip	City	State
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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
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. <b>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.</b>				
Name of Authorized Representative  <i>Karen M Perry</i>			Date  <i>7/16/16</i>	
Signature of Authorized Representative  <i>[Signature]</i>			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*