



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

Annual Report for the year: 2017

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 11389		2. Exact name of the Corporation Parente's Oil Service, Inc.			
3. Principal Office Address 770 Washington Street		City Coventry		State RI	Zip 02816
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Fuel oil service company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lester A. Parente			Vice-President Name Marie A. Parente		
Street Address 770 Washington Street			Street Address 770 Washington Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Marie A. Parente			Treasurer Name John Parente		
Street Address 770 Washington Street			Street Address 770 Washington Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Lester A. Parente			Director Name		
Street Address 770 Washington Street			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			250		Common
			PAR VALUE		No Par
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 Lester A. Parente					Date 1-23-17
Signature of Authorized Representative 					

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

JAN 30 2017

BY 31351

FORM 630 - Revised: 10/2016