



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 <b>35868</b>		2. Exact name of the Corporation <b>WESCO OIL COMPANY</b>			
3. Principal Office Address <b>2 Sunset Drive</b>		City <b>Esmond</b>		State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>To conduct business as an oil distributor.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>Chad Sirois</b>			Vice-President Name <b>None</b>		
Street Address <b>2 Sunset Drive</b>			Street Address		
City <b>Esmond</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Secretary Name <b>Chad Sirois</b>			Treasurer Name <b>Chad Sirois</b>		
Street Address <b>2 Sunset Drive</b>			Street Address <b>2 Sunset Drive</b>		
City <b>Esmond</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Esmond</b>	State <b>RI</b>	Zip <b>02917</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Chad Sirois</b>			Director Name		
Street Address <b>2 Sunset Drive</b>			Street Address		
City <b>Esmond</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			2000 Common No par value		
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 <b>Chad Sirois</b> 					Date <b>2/8/17</b>
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

FORM 630 - Revised: 10/2016

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ID  
35868

Assistant Secretary:

Donald Allard  
2 Sunset Drive  
Esmond, RI 02917

**FILED**

**FEB 15 2017**

**BY**

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