

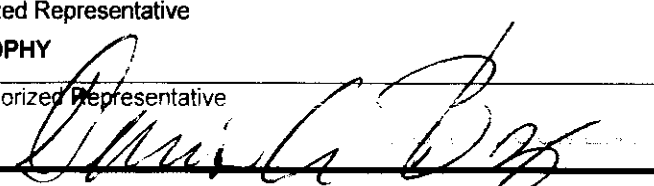


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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| | | | | | |
|---|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 12134 | | 2. Exact name of the Corporation MONTELLA OIL, INC. | | | |
| 3. Principal Office Address 242 Admiral Street | | City Providence | | State RI | Zip 02908 |
| 4. NAICS Code 44-45 - Retail Trade | | 6. Brief description of the character of business conducted in Rhode Island Sales, service & maintenance of heating and air conditioning units. | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name DENNIS A. BROPHY | | | Vice-President Name PATRICIA A. BROPHY | | |
| Street Address 242 Admiral Street | | | Street Address 242 Admiral Street | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| Secretary Name PATRICIA A. BROPHY | | | Treasurer Name DENNIS A. BROPHY | | |
| Street Address 242 Admiral Street | | | Street Address 242 Admiral Street | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name NONE | | | Director Name NONE | | |
| 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 Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | 600 COMMON 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 DENNIS A. BROPHY | | | | | Date 2-14-17 |
| Signature of Authorized Representative  | | | | | FILED |

FEB 17 2017

BY **980296137**