



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 <u>1659401</u>		2. Exact name of the Corporation <u>LORDEN Oil Company, Inc.</u>	
3. Principal Office Address <u>69 Fitchburg Rd</u>		City <u>Ayer</u>	State <u>MA</u>
		Zip <u>01432</u>	
4. NAICS Code <u>81</u>	6. Brief description of the character of business conducted in Rhode Island <u>Deliver propane to residences for heating</u>		
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Theodore (Ted) LORDEN</u>		Vice-President Name	
Street Address <u>194 Hall St.</u>		Street Address	
City <u>Dunstable</u>	State <u>MA</u>	City	State
	Zip <u>01827</u>		Zip
Secretary Name <u>Timothy SURSAM</u>		Treasurer Name	
Street Address <u>33 Beaver St.</u>		Street Address	
City <u>NASHUA</u>	State <u>NH</u>	City	State
	Zip <u>03063</u>		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 ☐	
		NUMBER OF SHARES <u>600</u>	CLASS/SERIES <u>COMMON NO PAR</u>
			PAR VALUE <u>NO PAR</u>
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 <u>Karen A. Gammell</u>		Date <u>2/21/17</u>	
Signature of Authorized Representative <u>Karen H. Gammell</u>			

MAIL TO:

Division of Business Services

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FILED 2/21/17

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