



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 <input type="checkbox"/>			
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>	Zip <u>01827</u>	
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>	Zip <u>03063</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		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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