



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.

2017 MAY 17 AM 10:28
R.I. DEPT. OF STATE
BUSINESS SERVICES DIV.

1. Entity ID Number 000086766		2. Exact name of the Corporation Mystic Oil Company, Incorporated	
3. Principal Office Address 19 Jackson Avenue		City Mytic	State CT
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island The Retail Sale of Petroleum Products	
5. State of Incorporation CT			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Scott Zelken		Vice-President Name Richard Crook	
Street Address 34-2 Blood Street		Street Address 14 Pawnee Lane	
City Lyme	State CT	City Charlestown	State RI
Secretary Name Richard Crook		Treasurer Name Scott Zelken	
Street Address 14 Pawnee Lane		Street Address 34-2 Blood Street	
City Charlestown	State RI	City Lyme	State CT
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	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued		CLASS/SERIES	
NUMBER OF SHARES		PAR VALUE	
3,000		Stock	
		\$0.00	
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 Scott Zelken		Date February 20, 2017	
Signature of Authorized Representative			
SIGN DOCUMENT FILED			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 17 2017

BY **303852**

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FORM 630 - Revised: 10/2016