



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

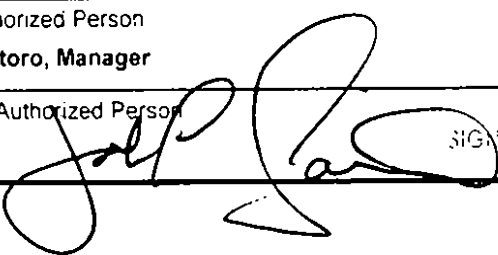
Annual Report for the year: 2017

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>796129</b>		2. Exact name of the Limited Liability Company <b>TOTAL ENERGY ENTERPRISES LLC</b>			
3. NAICS Code <b>44-45 - Retail Trade</b> <i>444190</i>		4. Brief description of the character of business conducted in Rhode Island <b>Sales and distribution of lubricants and petroleum specialty products/equipment; retail and commercial fuel oil sales and distribution.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>101 Corliss Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Guido R. Salvatore</b>			Contact Title <b>Registered Agent</b>		
Street Address <b>10 Weybosset St., Suite 303</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Joseph A. Santoro</b>			Manager Name <b>John C. Santoro</b>		
Street Address <b>101 Corliss Street</b>			Street Address <b>101 Corliss Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<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 Person <b>John C. Santoro, Manager</b>				Date <b>9/1/17</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

## MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

OCT 13 2017

BY

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