



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

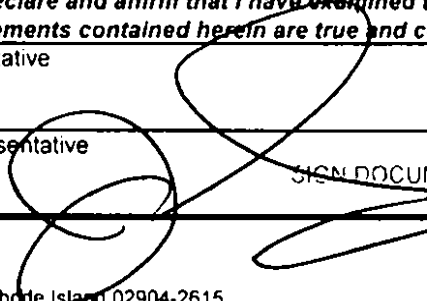
Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

1. Entity ID Number 000796128		2. Exact name of the Corporation TOTAL ENERGY CAPITAL CORPORATION			
3. Principal Office Address 101 Corliss Street			City Providence	State RI	Zip 02904
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island Oil business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John C. Santoro			Vice-President Name Joseph A. Santoro		
Street Address 101 Corliss Street			Street Address 101 Corliss Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Anthony M. Santoro (Asst. Sec. John C. Santoro)			Treasurer Name John C. Santoro		
Street Address 101 Corliss Street			Street Address 101 Corliss Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Joseph A. Santoro			Director Name John C. Santoro		
Street Address 101 Corliss Street			Street Address 101 Corliss Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Anthony M. Santoro			Director Name		
Street Address 101 Corliss Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		140		Class A Common	\$1 par value
		2000		Class B Common	\$1 par value
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 John C. Santoro, President				Date 12/27/2017	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	
				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

JAN 02 2018 *10*
BY 1150 FORM 630 - Revised: 10/2017