RI SOS Filing Number: 201855581610 Date: 1/2/2018 4:00:00 PM

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	2. Exact name of the Corporation
000796128	TOTAL ENERGY CAPITAL CORPORATION

3. Principal Office Address	City	State	Zip
101 Corliss Street	Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
454310	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	Date
John C. Santoro, President	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

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BY 1150

FORM 630 - Revised: 10/2017