

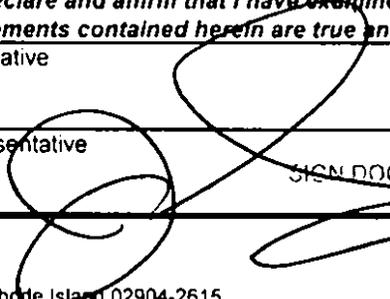


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STATE

- 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 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>			
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 12/27/2018
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

BY

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FORM 630 - Revised: 10/2017