



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.

1. Entity ID Number 33167		2. Exact name of the Corporation PHIL'S BOTTLED GAS SERVICE COMPANY, INC.			
3. Principal Office Address 477 CRANDALL ROAD			City TIVERTON	State RI	Zip 02878
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, SELL, STORE, AND DELIVER BOTTLED GASES AND SERVICE APPLIANCES AND EQUIPMENT.			
5. State of Incorporation RHODE ISLAND		454390			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PHILIP L. VIVEIROS			Vice-President Name PHILIP L. VIVEIROS		
Street Address 477 CRANDALL ROAD			Street Address 477 CRANDALL ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name PHILIP L. VIVEIROS			Treasurer Name PHILIP L. VIVEIROS		
Street Address 477 CRANDALL ROAD			Street Address 477 CRANDALL ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	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
		1,000		COMMON	NO PAR
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. <i>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.</i>					
Name of Authorized Representative PHILIP L. VIVEIROS, PRESIDENT				Date 1/17/18	
Signature of Authorized Representative 				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

FILED

JAN 31 2018

BY 11898 DS