



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

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
FEB 16 AM 11:48

1 Entity ID Number 59110		2 Exact name of the Corporation Hull Suburban Propane, Inc.			
3 Principal Office Address Ocean Ave (PO Box 237)			City Block Island	State RI	Zip 02807
4 NAICS Code 454310		6 Brief description of the character of business conducted in Rhode Island Propane Gas Sales and Services			
5 State of Incorporation RI					
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Peter McNerney			Vice-President Name James McNerney		
Street Address PO Box 782			Street Address PO Box 782		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Peter McNerney			Treasurer Name Peter McNerney		
Street Address PO Box 782			Street Address PO Box 782		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8 List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Peter McNerney			Director Name		
Street Address PO Box 782			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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/SES		
			PAR VALUE		
			Non-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 Peter McNerney					Date 2/14/18
Signature of Authorized Representative					

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

FORM 630 - Revised 10/2017