State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.
2018 FEB 16 AM 11:48

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.

1 Entity ID Number	2 Exact name of the Corporation
59110	Hull Suburban Propane, Inc.

3 Principal Office Address	City	State	Zip
Ocean Ave (PO Box 237)	Block Island	RI	02807

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
454310	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	Vice-President Name
Peter McNerney	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	Director Name
Peter McNerney	
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 — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	A	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

11:49 FEB 16 2018

BY 03244442

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017