



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

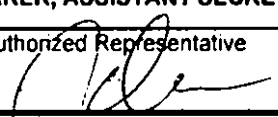
Annual Report for the year: **2018**

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 149827		2. Exact name of the Corporation SEI FUEL SERVICES, INC.			
3. Principal Office Address 3200 HACKBERRY ROAD			City IRVING	State TX	Zip 75063
4. NAICS Code 484310		6. Brief description of the character of business conducted in Rhode Island FUEL PRODUCT SALES			
5. State of Incorporation TX					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MARC CLOUGH			Vice-President Name RANKIN GASAWAY		
Street Address 3200 HACKBERRY ROAD			Street Address 3200 HACKBERRY ROAD		
City IRVING	State TX	Zip 75063	City IRVING	State TX	Zip 75063
Secretary Name RANKIN GASAWAY			Treasurer Name DAVID SELTZER		
Street Address 3200 HACKBERRY ROAD			Street Address 3200 HACKBERRY ROAD		
City IRVING	State TX	Zip 75063	City IRVING	State TX	Zip 75063
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name JOSEPH M. DEPINTO			Director Name		
Street Address 3200 HACKBERRY ROAD			Street Address		
City IRVING	State TX	Zip 75063	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/SERIES		
			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 JAMES C. BAKER, ASSISTANT SECRETARY					Date 02/19/2018
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

FEB 27 2018

BY

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FORM 630 - Revised: 10/2017