RI SOS Filing Number: 201859333080 Date: 2/27/2018 4:00:00 PM

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	2. Exact name of the Corporation		
149827	SEI FUEL SERVICES, INC.		
3. Principal Office Address	City	State	Zip
3200 HACKBERRY ROAD	IRVING	TX	75063
4. NAICS Code: 424310	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

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

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2,000	COMMON	$.10

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	Date
JAMES C. BAKER, ASSISTANT SECRETARY	02/192018

Signature of Authorized Representative

FILED

FEB 27 2018

BY 021249236 1 DS

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