



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

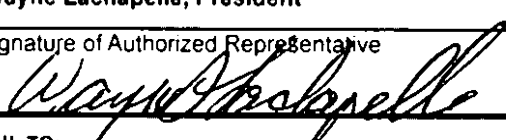
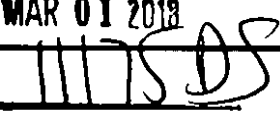
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED **STAMP**

MAR 01 2018

BY _____

1. Entity ID Number 82046		2. Exact name of the Corporation LACHAPELLE OIL & HEATING CO., INC.			
3. Principal Office Address 5 Louise Ann Drive		City Esmond		State RI	Zip 02917
4. NAICS Code 454311		6. Brief description of the character of business conducted in Rhode Island operation of an oil and heating service company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Wayne Lachapelle			Vice-President Name none		
Street Address 129 Farnum Pike			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Michelle Jackvony			Treasurer Name Wayne Lachapelle		
Street Address 4 Louise Ann Drive			Street Address 129 Farnum Pike		
City Esmond	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Wayne Lachapelle			Director Name Charles Lachapelle		
Street Address 129 Farnum Pike			Street Address 5 Louise Ann Drive		
City Smithfield	State RI	Zip 02917	City Esmond	State RI	Zip 02917
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.			NUMBER OF SHARES		CLASS/SERIES
			100		common
			PAR VALUE		\$1.00
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 Wayne Lachapelle, President				Date 2/10/18	
Signature of Authorized Representative 				BY 	

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