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	2. Exact name of the Corporation
82046	LACHAPELLE OIL & HEATING CO., INC.

3. Principal Office Address	City	State	Zip
5 Louise Ann Drive	Esmond	RI	02917

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
454311	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	Street Address	City	State	Zip
Wayne Lachapelle	129 Farnum Pike	Smithfield	RI	02917

Vice-President Name	Street Address	City	State	Zip
none				

Secretary Name	Street Address	City	State	Zip
Michelle Jackvony	4 Louise Ann Drive	Esmond	RI	02917

Treasurer Name	Street Address	City	State	Zip
Wayne Lachapelle	129 Farnum Pike	Smithfield	RI	02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Wayne Lachapelle	129 Farnum Pike	Smithfield	RI	02917
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Charles Lachapelle	5 Louise Ann Drive	Esmond	RI	02917
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	common	$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	Date
Wayne Lachapelle, President — FILED	2/10/18

Signature of Authorized Representative: Wayne Lachapelle

SIGN DOCUMENT HERE MAR 01 2018

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