



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2018
Corporation

MAR 01 2018

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY _____

1. Entity ID Number 000036918		2. Exact name of the Corporation Leemitt's Petroleum Inc							
3. Principal Office Address 2 Jericho Plaza Suite 110		City	State						
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Station Holding/Leasing							
5. State of Incorporation DE									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name Christopher Constant		Vice-President Name Mark O'leary							
Street Address 2 Jericho Plaza Suite 110		Street Address 2 Jericho Plaza Suite 110							
City Jericho	State NY	Zip 11753-1681	City Jericho						
Secretary Name Joshua Dicker		Treasurer Name Danion Fielding							
Street Address 2 Jericho Plaza Suite 110		Street Address 2 Jericho Plaza Suite 110							
City Jericho	State NY	Zip 11753-1681	City Jericho						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name Christopher Constant		Director Name							
Street Address 2 Jericho Plaza Suite 110		Street Address							
City Jericho	State NY	Zip 11753-1681	City						
Director Name		Director Name							
Street Address		Street Address							
City	State	Zip	City						
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>							
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,200,400.00</td> <td>CWP</td> <td>0.0100</td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,200,400.00	CWP	0.0100
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
1,200,400.00	CWP	0.0100							
Changes require an additional filing.									
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 Danion Fielding		Date 2/21/18							
Signature of Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE 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

MAR 01 2018
BY 392498 DS