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CAMBRIDGEPE 02/22/2018 5 57 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.

							<del> </del>	
Entity ID Number	2. Exact name	of the	Corporation					
78920	B CAMBRID	GE	PETROLEU	JM CORP				
3. Principal Office Address	- CHILDRED			City		State	Zip	
31 SOUTH PLANK RD				NEWBURG	Н	NY	12550	
4 NAICS Code	6 Brief descrip	f the character of	business conducted in Rhode Island					
424700	O. Billet Buship							
5. State of Incorporation	<del></del>							
·			D TO TE					
DE	PETROLE	UM	KETAIL		Check the br	x to indica	te an attachment	
7 List ALL officers (names and addresses)				Vice-President N	Vice-President Name			
President Name				Vice i lesident.				
Ctroat Address				Street Address				
Street Address				<b>3</b> 5555.				
	State	Zn		City	State		Zıp	
City	State	21	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			•	
f1				Treasurer Name				
Secretary Name				Treasurer (voint	•			
				Street Address				
Street Address				Street Address				
	State	Zig	<del></del>	City	State		Zıp	
City	State	219	,	Ony .	O.L.	•		
0 (1 ) 81 ( 4 ) - 4 4 4 4	<u> </u>	Щ.		<del></del>	Check the bo	ox to indica	ite an attachment	
8 List ALL directors (name	s and addresses)			Director Name	One divide div			
Director Name				Bireccoi Menie				
Street Address				Street Address				
Street Mouress				3,,000,,				
C'ty	State	Zij		City	State		Zip	
City	O.B.C	,	•	,		ļ	·	
Director Name				Director Name				
Diewo Hanie				· · · · · · · · · · · ·				
Street Address				Street Address				
Olicernacioss								
City	State	Zi	<u> </u>	City	State		Zip	
	]							
9. Shares Authorized			10. Shares Iss	sued	Check the bo	ox to indica	ate an attachment	
			<del></del>	OF SHARES CLASS/SERIES PAR VALUE				
			10					
Changes require an addit	ional filing		-			_		
11. This report must be exe		come	ration by an aut	horized representative.	If the corporation is in the h	ands of a	receiver or	
trustee, this report must be								
Under penalty of perju					including anv accomp	anying s	chedules and	
statements, and that a						, ,		
Diame of Authorized Repre-					<u></u> -	Date	6 10	
			<b>→</b> - ·			Date 2/	27/18	
Signature of Authorized Re	presentative			<del></del>	. <u></u>			
CHRISTOPHER (				2~11	rn			
			· · · · · · · · · · · · · · · · · · ·	<del></del>			<del></del>	

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 0 2 2018

FORM 630 - Revised: 08/2017