



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.

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STATE
SECRETARY OF
CORPORATIONS
DIV
2018 JUN 21 PM 3:25

1. Entity ID Number <u>1672063</u>		2. Exact name of the Corporation <u>TROPICANA OIL CORP</u>			
3. Principal Office Address <u>135 LAURA ST</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02901</u>	
4. NAICS Code <u>423930</u>		6. Brief description of the character of business conducted in Rhode Island <u>OIL REMOVAL</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Jennifer Santana Germosen</u>			Vice-President Name <u></u>		
Street Address <u>135 LAURA ST</u>			Street Address <u></u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02901</u>	City <u></u>	State <u></u>	Zip <u></u>
Secretary Name <u></u>			Treasurer Name <u></u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u></u>			Director Name <u></u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
Director Name <u></u>			Director Name <u></u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
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 <input type="checkbox"/>		
			NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u></u>	PAR VALUE <u>0</u>
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 <u>JOSE A Pineda</u>				Date <u>06/21/18</u>	
Signature of Authorized Representative <u>[Signature]</u>				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

JUN 21 2018

BY 333267

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