RI SOS Filing Number: 201877963300 Date: 9/21/2018 4:00:00 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

→ Penaity. Additional \$25.0	o tee ii lottii IS A	or liled by April 1.				<u></u>		
Entity ID Number	2. Exact nam	ne of the Corporation	1					
59494	GOULART PETROLEUM TNC. City State Zip LITTLE COMPTON RI 02837							
3. Principal Office Address			City	· · · · · · · · · · · · · · · · · · ·	State	Zip		
los win	ow AVE	NUE	LITTL	E COMPTON	RI	- 02837		
4 NAICS Code	Brief desc	ription of the charac	ter of business	conducted in Rhode Isla	and			
454310								
5. State of Incorporation	State of Incorporation DELIVERY OF HOME HEATING OIL							
RI	- "	LIVERY OF	, ,,,,,,	- 1127(11.00	•			
7 List ALL officers (names and	addresses)		To a in		e box to ind	icate an attachment		
President Name Vice-President Name								
Street Address Street Address IOG WILLOW AVENUE City LITTLE COMPTON State P. I 02837 Transport								
106 W/	1/ow A	VENUE	City		State	Ζιρ		
City LITTLE COMPTO	NITERI	0283	7					
Secretary Name	cretary Name Treasurer Name							
Street Address			Street Addre	Street Address				
			_					
City	State	Zip	City		State	Ζıp		
8 List ALL directors (names ar	nd addresses)	_ _		Check th	ne box to ind	icate an attachment 🔲		
Director Name		•	Director Nam	ne				
Street Address			Street Addre	Street Address				
					To	la.		
City	State	Zip	City		State	Zıp		
Director Name		1	Director Nam	ne	•	· •		
Street Address			Street Addre	Street Address				
Street Address				and the state of t				
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Iss	ued	Check th	<u></u> ne box to ind	icate an attachment		
This information is currently of	record in the	NUMBER O	SHARES	CLASS/SERIES		PAR VALUE		
Department of State.		00	O COMMON NAV					
Changes require an additional filing.					• -			
11. This report must be execut	ed on behalf of the	e compration by an a	authorized repri	I	ation is in the	hands of a receiver or		
trustee, this report must be exe	ecuted on behalf o	f the corporation by	the receiver or	trustee.				
Under penalty of perjury, I destatements, and that all state				including any accomp	panying sch	edules and		
Name of Authorized Represen		Therefore are true on	- CONTEST.		Date	,		
ROBERT A. GOULART 9/18/18								
Signature of Authorized Representative								
MAIL TO:			T	<u> TN</u>	•			
MAIL TU:			PH	4:71				

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 2 1 2018 D

FORM 630 - Revised: 10/2017