



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

Annual Report for the year: 2019
Corporation

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

1. Entity ID Number 000011010		2. Exact name of the Corporation East Greenwich Oil Co Inc.			
3. Principal Office Address 390 Main St.		City East Greenwich	State RI	Zip 02818	
4. NAICS Code 484310		6. Brief description of the character of business conducted in Rhode Island Retail heating oil sales/delivery. Repair, service, in stallation of oil heating equipment and systems.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Stephen A. deLisle		Vice-President Name			
Street Address 58 Wanton Shipree Rd.		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Joyce deLisle		Treasurer Name			
Street Address 398 Main St.		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Frederick J. Tarbox Sr.		Director Name			
Street Address 9000 US Highway A92 Lot 2		Street Address			
City Clermont	State FL	Zip 34714	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	No Par	0	
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. <i>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.</i>					
Name of Authorized Representative Stephen A. deLisle				Date 12/17/18	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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