

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

101.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 85217 Rambone & Sprague Oil Service Inc. 3 Mriet Address Principal Business Office State of Incorporation RHODE ISLAND 5090 of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OIL SALES AND BURNER SERVICE. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES REFORE USING ATTACHMENTS Vice President Name Street Address State Zip ☐ FILL IN SPACES BEFORE USING AT Director Name Street Address City Zip State City State Director Name Director Name Street Address Since Address City State ZIP CHY State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMANT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED File Date MAR 2 9 2005 Check No. FOR SECRETARY OF STATE USE ONLY

including any accompanying schedules and statement	• •
contained herein are true and correct.	
Darbio 1. Kambore	1-27-05
Signature of Officer	Date
Carbie . Kambone.	
Print or Type Name of Officer	-
Secretary	_
Title of Officer	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

FOR SECRETARY OF STATE USE ONLY

	srown, secretary of			0004	401.222.3040
PRÓFIT CORPOI		NUAL REPORT g Fee: \$50.00	FOR THE YE.	ar <u>2004</u>	
FORM MUST BE TYPED OR PRIN		g ree. \$50.00			
L. Corporate ID No.	2. Name of Corporation	1			
85217		ague Oil Service Inc.			
3 Street Address Principal Business (ЭДССС	P.O. Box 568	City	- State	61857
1. Business Phone No.		5 State of Incorporation	1 D.SCOTOME		6. SIC Code
401-64714		RHODE ISLAND			5090
7. Brief Description of the Character TO ENGAGE IN THE BU	of Business Conducted in a SINESS OF OIL SALE	Rhode Island S AND BURNER SERVI	CF.		
3. NAMES AND ADDRESSES				N SPACES BEFORE USING	ATTACHMENTS
President Name		•	Vice President Name		
	18005				
Street Address P.O. Box 51			Street Address		
N. Scarner	State D-1	^{7φ} 62857	City	State	Zip
Secretary Name	.]	ر دویوں ل	Treasurer Name		
BARBIE RA	ALIBENOE		KHOWAR S	SPRIAGUES	
Street Address			Street Address	. 0	
1.0.136v.51	State	Zip	239 How	State	Zip
N. SCHTUSTE	RI	02857	Hope	RI	02831
NAMES AND ADDRESSES	of the director	RS: ("X" BOX FOR ATT	· . —	IN SPACES BEFORE USING	G ATTACHMENTS
Director Name	1 2 4 A A A A A A A		Director Name		
Street Address	ATVISORE		Street Address		
· -			<u></u>	· · · · · · · · · · · · · · · · · · ·	
City	State	Žiρ .	City	State	Zip
Director Name	.L	J	Director Name		
Street Address			Street Address		
City	State		Cuy	State	Zip
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10. SHARES AUTHORIZED AUTHORIZED SHARES	(-X-	.1MENT) [ISSUED SHARES	("X" BOX FOR ATTACHM	
Number of Shares	-	Par Value	Number of Shares	Class/Series	Par Value
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<u> </u>					
T'	signed in ink by eith	ner the President, Vice P	President, Secretary, Assis	stant Secretary, Treasurer, R	eceiver or Trustee
			Under negative of	perjury, I declare and affirm tha	at I have examined this repor
		II 	including any acc	ompanying schedules and state	
			contained herein	are trod and correct.	115-011
File Date			A THINK)	M LATURAIN	
Check No. LAND O	2001		Signature of Office	It lambors	war
JAN 2 U	2004	1	Partie	- 1 - 1 () () () () () () ()	<u> </u>

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

Form 630 12/02

(FORM MUST BE TYPED OR PR	INTED IN BLACK)				
1. Corporate ID No.	2. Name of Corporati	on			
85217	Rambone &	Sprague Oil Service Inc.			
3. Street Address Principal Busin 4. Business Phone No.	iidson Pik	S. State of incorporation	no Scituate	sign.	21p 6. SIC Code
7. Brief Description of the Chara	OOO	RHODE ISLAND			5090
Pild doll 200	i k la Oca	i C			
8. NAMES AND ADDR	A CONTRACTOR	ンしも CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING ATTACHM	ENTS
President Name	34. 1.		Vice President Name	1	1
Todd F. S	prague		Edward t. I	rambone	Jr.
234 Hour	ard Hue	21.	60 HOUNA	Hue	71-
HOPE Secretary Name (sia Rel	0 2 831	Johnston Trasurer Name	, ""KJ	²¹ 02919
Street Address	Kambor	re	Street Address	prague	
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Shyston 3 9. NAMES AND ADDR	ESSES OF THE DIRE	ZIP OP 19 CTORS ("X" BOX FOR ATTAI	HOOC CHMENT) FILL IN SPACES B	Stat Color State C	02831 IMENTS
Director Name	_		Director Name		
Todo F. S	sprague		Street Address		
	84" I	Zip	City	State	ZIp
Director Name	F Roods	agys1	Director Name		
Signet Address		N CC	Street Address		
60 Horadin	g the				
Johnston	J Stat RJ	02919	City	State	ZIp
	ZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X* E	OX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Volue	ISSUED SHARES Number of Shares	Class/Series	Par Value
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This report must be si	aned in ink by sith	ar tha Pracident Vice D	rosidant Sacratany Assistan	nt Sacratany Transcusor	· Racoiver or Tru

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 5 2 1 7 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No.: 6362	signature of Officer Date Barbie J. Rambone
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Secretary Thile of Officer

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Perle	od: J	anuary 1	!-March 1	•	Filing Fee: \$50.00	
·						

(FORM MUST B	ie type	D IN R	3LACK)
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1. Corporate ID No.

2. Name of Corporation

85217

Rambone & Sprague Oil Service Inc.

3. Street Address Principal Business Office

ANIELSON

t Dwares

State

KANBONE

RI

5090

401-421-3303

5. State of Incorporation **RHODE ISLAND**

7. Bitef Description of the Character of Business Conducted in Rhode Island

Service

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

President Name RESSES OF THE DIRECTORS ($^{*}x^{*}$

FILL IN SPACES BEFORE USING ATTACHMENTS

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

1,000 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

22919

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

100

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1.16-02

Check No.: _

FOR SECRETARY OF STATE USE ONLY

h are true and correct.

Title of Officer e Com

Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED IN	N BLACK)				INSTRUCT.
1. Corporate ID No. 85217	2. Name of Corporati Rambone &	on Sprague Oil Ser	vice Inc.		
3. Street Address Principal But	siness Office		City	State	?lp
4. Business Phone No.	CHOPMIST	HUL RO 5. State of Incorporation	Scourse	RI	0284
461-421 7. Brief Description of the Cha	3303 racter of Business Conducted in	RHODE ISLAND Rhode Island	•		«. 8 6 9 %
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President Name		SENS (A BOX FOR ATTACH	Vice President Name	FORE USING ATTACHM	IENTS
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street Address 1249 Chr	11th teimo		Suger Address Hardy	ng All	,
Sutrato	Sidie	ÖJ857	Johnston	Shap	732919
Secretary Name	E PANBOR	F	Treasurer Name	RAMBONE	,
Spreet Address	on AM	_	Street Address	1 1 1 1 0 C	01
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DMSTA) 9. names and addi	RESSES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	Situati		00007
Director Name		STORS I A BOX FOR ATTAC	Director Name	BEFORE USING ATTACH	MENTS
Street Address :	SPRALUE 1	Ω	Street Address		
1249 Ch	Doust Il	JUKO .	Sirere Audress		
Tatuato	120	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Clty	State	Zip
Director Name	Pomo	<u> </u>	Director Name		
Street Address	KAMBORE		Street Address		
	stall stall	Zir_ ~	City	State	Zip
70HUZISU	125 / W	(D)417			
IU. SHAKES AUTHORI AUTHORIZZED SHARES	ZED (*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:	* 8 5 2 1 7 *
Check No.:	4504
ву:	<u> </u>
FOR SECRETARY OF	STATE USE ONLY

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Under penalty of perjury, I declare and affirm that	
this report, including any accompanying schedules	and statements, and
that all statements confained herein are true and c	orrect.
Canbal Kamba a	1-11-01
Signature of Officer Da	12-11-11-11-11-11-11-11-11-11-11-11-11-1
Barble J. Kambrie	.
lumor Type Name of Officer	
Scretchel.	
Title of Officer	

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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Filing Period: January 1			OKI POK 1.	IIL I	LAR <u>Jose</u>	#PULISE R INSERCCE
(FORM MUST BE TYPED IN BLACE						
I. Corporate ID No. 85217	2. Name of Corporation Rambone & Spi	rague Oil Servi	ce Inc.			
3. Street Address Principal Rusiness Of	fice		City		State	Zip
P.D. Box S	₽ 8		NORTH SCIT	UATE	RI	01857
4. Business Phone No.		S. State of Incorporation RHODE ISLAND				6. SIC Code 5090
401-421-3303 7. Brief Description of the Character of	f Business Conducted in Rhod					
OIL Del WERY						
8. NAMES AND ADDRESSE	ES OF THE OFFICER	S ("X" BOX FOR ATTACHM	IENT) FILL IN SPAC	ES BEFO	RE USING ATTACHMI	ENTS
President Name	_		Vice President Name	, ,	0	١ ـ
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Secretary Name X 100 Ch 10	1. Panto	$\wedge a$	Treasurer Name	مام	5,000,000	•
Street Address			Street Address		Sprague	
60 Harding	Are		1349 Cho	⊃PΩ\î	st Hin W	
siny late act	State	21p	City	, ,,	State A	72860 ais
ONLY DIDO	↓(✓) S OF THE DIRECTO		Francisco	A CEC DEI	ORE DEING ATTACH	,
9. NAMES AND ADDRESSE Director <u>Name</u>		ORS ("X" BOX FOR ATTAC.	MMENT) FILL IN SP) Director Name	ACES BEI	ORE USING ATTACH	MENIS
x godd +	Sprague.					
Street Address	- T H 1 1	<i>2</i> 0	Street Address			
1844 CUCHIN	States	710	City		State	Zip
T'sto resto	W/\	9982)	on,		Jinit	2.1
Director Name	\sim 0 \sim	(Director Name			
x Edward	it Kanl	Sonewr.				
60 Hardina	A110	_	Street Address			
	State	²¹⁰ © (Q	City		State	Zip
Johnston	460	C 17				
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUE	D (*X* BO)	X FOR ATTACHMENT)	
AUTHORIZED SHARES Vumber of Shares	Class/Series	Far Value	ISSUED SHARES Number of Shares		Class/Series	Par Value
1,000 SHS COMM NO						_
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 8 5 2 1 7 *
File Date:	1/31/00
Check No.:	3625
Ву:	Ci
LUG ER CHETARY C	DF STATE USE ONLY

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.

Signature of Officer

Print of Type Name of Officer

THE OF OFFICER



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

1999

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 Rambone & Sprague Oil Service Inc. --3. Street Address Principal Business Office 401-421-330 7. Brief Description of the Characte THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS AMES AND ADDRESSES OF THE DIRECTORS ("x" Street Address Street Address City State Zip Clly State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares NºT:0005SHS COMM NO PÁTIVAL

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	hu 22,99
Check No.: _	1 2760
Ву:	JD. 10

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that III statements contained berein are true and correct.

January 1-11-93
Signature of Officer

Date

Print or Type Name of Officer





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1	•	Filing Fce: \$50.00	
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FORM MUST	r BE	TYPED	IN	BLACK)	
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1. Corporate II) No. 85217 2. Name of Corporation

Rambone & Sprague Oil Service Inc.

3. Street Address Principal Business Office

P.O Box

5. State of Incorporation RHODE ISLAND N. Schnore

EDWARD

Vice President Name

PAHRONE

461-421-3303

7. Brief Description of the Character of Business Conducted in Rhode Island

DILSALES à Servicié

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

Tom Spereue ropmist-

RAMBONE

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name

SPRAGE

Street Address

City

Street Address

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

1,000 SHS COMM NO PAR VAL

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

100

RAMBODE

No Pup

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

atements contained herein are true and correct.



fames R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Coregiais III No. 85217	Rambone & Sp	rague Oil Service I	nc.		
3. Street Address Principal Business Offic P. D. Box 568 1. Business Phone No. 401~421~3303	ce	5. State of Incorporation RHODE ISLAND	DOETH SCHOOLS	P. J	21p 02857 6. SIC Gode 5090
7. Brief Description of the Character of B		e Island			
اله الحاجة في الأحادة القائدة المادة NAMES AND ADDRESSES		S (*Y* HOY EOD ATTACH)	(ENT)	-	
8. NAMES AND ADDRESSES President Name	Of the officer.	J (A BOX FOR ATTACHE	Vice President Name	_	
TODD SpRAGE	ਅਫ		EDWARD RAN	MBODE JE.	
Street Address		•	Street Address		
1249 CHOPRIST	HILL RD		60 HARDIUS	Ave	
City	State	Zip	City	State R I	Zip
D.SCITUATE	RI	02857	Q/ _	'S +r''	02919
Secretary Name BARBIE RAMI	3-1-45		Treasurer Name		
Street Address	30 000		Street Address	•	
60 HARDING A	يعجلا				
City —	State	Zip	City	State	Zip
NOTON	RI	02919			
9. NAMES AND ADDRESSES	OF THE DIRECTO	RS ("X" BOX FOR ATTAC	CHMENT)		
Director Name			Director Name		
TOOD SPRAGUE	<u> </u>				
Street Address	11 0		Street Address		
1249 CHOPPLIST	HILL KD				
Street Address 1249 CHOPTLIST City	State	Zip	City	State	Zip
D.Sarvare	R-I	D 28 57	5.1		
Director Name			Director Name		
EDWARD PAMBE	ne in		Street Address		
60 HARDING A	سج ل		Ander Manieta		
City City	21416	Zip	City	State	Zip
JOHNSTON	RI	02919			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

Number of Shares

100

	* 8 5 2 1 7 *			
File Date:	6/20/97			
Check No.:	1919			
By:FOR SECRETARY	OF STATE USE ONLY			

1,000 SHS COMM NO PAR VAL

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value

AUTHORIZED SHARES

Number of Shares

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, and
that all statements compained herein are true and correct.
Charles 6/20/57
Signature of Officer Date
Edward F. KAmhone
Print or Type Name of Officer
Title of Officer

Class/Series

Par Value

PROFIT CORPORATON ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1- Filing Fee: \$50.00	-March 1				North Main Street sland 02903-1335 • (401) 277-304
		PLEASE TYPE	OR PRINT IN BLACK INK.	-	<u> </u>
1. CORPORATE ID NO. \$5217	2. NAME OF CORPORATION			_	· · ·
-05-04-85125 3. STREET ADDRESS PRINCIPAL BUSINES	L KAMBON	de à Speng	UE OIL SERVI	CE, INC.	ZIP COOE
P.O. Bo	x .568.	5. STATE OF INCORPORATION	_ NORTH Scrupm	ERI	
- 401-421-3	B63 ER OF BUSINESS CONOUCTED IN RI	RII	·		18888
OIL SA	LES & HE	ATING MAIL	NTENANCE SSES OF THE O	FFICERS	· • • - ·
PRESIDENT NAME			VICE PRESIDENT NAME		•
STREET ADDRESS	PRAGOE _		EDWAIED &	CHUBONE . J	.R
1249	-HOPMIST HIL	L RO ZIP COOE	CITY 40 HARDIN	OF AUE	ZIP CODE
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CO HART	ING AUE	ZIP C00E	1249 CHO	PMIST_HILL	RS ZIP COOE
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NUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERIES	PAR VALUE	HUMBER OF SHARES	ISSUED SHARES	PAR VALUE
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P		•	IGNED IN INK by either istant Secretary, Treasul		stee
			Under penalty	of perjury, I declare an	nd affirm that I have examined

5/3/96 File Date: Check No: By:

For Secretary of State Use Only

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

gnature of Officer

Title of Officer

Date EC014 11 1205