



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
401.222.3040

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)

1. Corporate ID No. 85217		2. Name of Corporation Rambone & Sprague Oil Service Inc.			
3. Street Address Principal Business Office P.O. Box 568		City No. Scituate	State RI	Zip 02857	
4. Business Phone No. 401-647-1455		5. State of Incorporation RHODE ISLAND		6. SIC Code 5090	
7. Brief Description of the Character 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward F. Rambone Jr.			Vice President Name		
Street Address P.O. Box 51			Street Address		
City No. Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Barbie J. Rambone			Treasurer Name Rhonda Sprague		
Street Address P.O. Box 51			Street Address 239 Howard Ave		
City No. Scituate	State RI	Zip 02857	City Hope	State RI	Zip 02831
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edward F. Rambone Jr.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	No Par

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



FILED

File Date

MAR 29 2005

Check No.

By: **By M. 61682**

FOR SECRETARY OF STATE USE ONLY

GM

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.

Barbie J. Rambone **1-27-05**
Signature of Officer Date

Barbie J. Rambone
Print or Type Name of Officer

Secretary
Title of Officer



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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85217		2. Name of Corporation Rambone & Sprague Oil Service Inc.			
3. Street Address Principal Business Office P.O. Box 568		City N. SCITUATE	State RI	Zip 02857	
4. Business Phone No. 401-6471455		5. State of Incorporation RHODE ISLAND		6. SIC Code 5090	
7. Brief Description of the Character 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD RAMBONE			Vice President Name		
Street Address P.O. Box 51			Street Address		
City N. SCITUATE	State RI	Zip 02857	City	State	Zip
Secretary Name BARBIE RAMBONE			Treasurer Name RHONDA SPRAGUE		
Street Address P.O. Box 51			Street Address 239 HOWARD AVE		
City N. SCITUATE	State RI	Zip 02857	City HOPE	State RI	Zip 02831
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EDWARD RAMBONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Par Value	Number of Shares	Class/Series	Par Value	
1,000 COMM NO PA		100	Common	No Par	

signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 2 1 7 *

File Date	FILED
Check No.	JAN 20 2004
By:	By 7227 GPH
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 all statements contained herein are true and correct.

Barbie Rambone 1-15-04
Signature of Officer Date
Barbie J. Rambone
Print or Type Name of Officer
Secretary
Title of Officer



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

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **85217** 2. Name of Corporation **Rambone & Sprague Oil Service Inc.**
3. Street Address Principal Business Office
1024 Danielson Pike City **Na. Scituate** State **RJ** Zip **02857**
4. Business Phone No. **401-421-3303** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5090**
7. Brief Description of the Character of Business Conducted in Rhode Island
Oil delivery & Repair

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Todd F. Sprague**
Street Address **239 Howard Ave**
City **Hope** State **RJ** Zip **02831**
Secretary Name **Barbie J. Rambone**
Street Address **60 Harding Ave**
City **Johnston** State **RJ** Zip **02919**

Vice President Name **Edward F. Rambone Jr.**
Street Address **60 Harding Ave**
City **Johnston** State **RJ** Zip **02919**
Treasurer Name **Rhonda Sprague**
Street Address **239 Howard Ave.**
City **Hope** State **RJ** Zip **02831**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Todd F. Sprague**
Street Address **239 Howard Ave**
City **Hope** State **RJ** Zip **02831**
Director Name **Edward F. Rambone**
Street Address **60 Harding Ave**
City **Johnston** State **RJ** Zip **02919**

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE

Number of Shares	Class/Series	Par Value
100	common	no par

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: 1-31-03

Check No.: 6362

By: Barbie J. Rambone

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 all statements contained herein are true and correct.

Barbie J. Rambone 1-24-03
Signature of Officer Date

Barbie J. Rambone
Print or Type Name of Officer

Secretary
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

85217

2. Name of Corporation

Rambone & Sprague Oil Service Inc.

3. Street Address Principal Business Office

1024 DANIELSEN PIKE

City

N. SCITUATE

State

RI

Zip

02857

4. Business Phone No.

401-421-3803

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5090

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

OIL SALES & SERVICE

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

TODD SPRAGUE

EDWARD RAMBONE

Street Address

Street Address

1249 Chopmist Hill Rd

60 Harding Ave

Scituate

RI

02857

Johnston

RI

02919

Secretary Name

Treasurer Name

BARBIE RAMBONE

RHONDA SPRAGUE

Street Address

Street Address

60 Harding Ave

1249 Chopmist Hill Rd

Johnston

RI

02919

Scituate

RI

02857

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Todd Sprague

Barbie Rambone

Street Address

Street Address

1249 Chopmist Hill Rd.

60 Harding Ave

Scituate

RI

02857

Johnston

RI

02919

Director Name

Director Name

Edward Rambone

Rhonda Sprague

Street Address

Street Address

60 Harding Ave

1249 Chopmist Hill Rd

Johnston

RI

02919

Scituate

RI

02857

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

100

Common

NO PAR

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: 1-16-02

Check No.: 5438

By: [Signature]

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 all statements contained herein are true and correct.

Barbie J. Rambone 1-14-02
Signature of Officer Date

Barbie J. Rambone
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



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85217** 2. Name of Corporation **Rambone & Sprague Oil Service Inc.**

3. Street Address Principal Business Office **1249 Chopmist Hill Rd** City **Scituate** State **RI** Zip **02857**
4. Business Phone No. **401-421-3303** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5090**

7. Brief Description of the Character of Business Conducted in Rhode Island
OIL DELIVERY & SERVICE

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

President Name TODD SPRAGUE Street Address 1249 Chopmist Hill Rd City Scituate State RI Zip 02857	Vice President Name EDWARD RAMBONE Street Address 60 Harding Ave City Johnston State RI Zip 02919
Secretary Name BARBARA RAMBONE Street Address 60 Harding Ave City Johnston State RI Zip 02919	Treasurer Name BARBARA RAMBONE Street Address 1249 Chopmist Hill Rd City Scituate State RI Zip 02857

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name TODD SPRAGUE Street Address 1249 Chopmist Hill Rd City Scituate State RI Zip 02857	Director Name Street Address City State Zip
Director Name EDWARD RAMBONE Street Address 60 Harding Ave City Johnston State RI Zip 02919	Director Name Street Address City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

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: **1/16**
Check No.: **4504**
By: **[Signature]**

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 all statements contained herein are true and correct.

Barbara Rambone **1-11-01**
Signature of Officer Date
Barbara J. Rambone
Print or Type Name of Officer
Secretary
Title of Officer



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

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85217** 2. Name of Corporation **Rambone & Sprague Oil Service Inc.**

3. Street Address Principal Business Office

P.O. Box 568

City

NORTH SCITUATE

State

RI

Zip

02857

4. Business Phone No.

401-4213303

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5090

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

OIL DELIVERY & SERVICE

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

X Todd F. Sprague

X Edward F. Rambone Jr.

Street Address

Street Address

1249 Chopmist Hill Rd.

60 Harding Ave

City

City

Scituate

Johnston

Secretary Name

Treasurer Name

X Barbie J. Rambone

X Rhonda Sprague

Street Address

Street Address

60 Harding Ave

1249 Chopmist Hill Rd

City

City

Johnston

Scituate

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

X Todd F. Sprague

Street Address

Street Address

1249 Chopmist Hill Rd

City

City

Scituate

Director Name

Director Name

X Edward F. Rambone Jr.

Street Address

Street Address

60 Harding Ave

City

City

Johnston

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

100

Common

No Par

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**

By: **[Signature]**

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 all statements contained herein are true and correct.

Barbie J. Rambone **1-27-00**
Signature of Officer Date

Barbie J. Rambone
Print or Type Name of Officer

Secretary
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85217 2. Name of Corporation Rambone & Sprague Oil Service Inc.

3. Street Address Principal Business Office

Box 568

City

RHODE ISLAND

State

N. SCITUATE

RS

Zip

02857

4. Business Phone No.

401-421-3303

5. State of Incorporation

6. SIC Code

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

Oil Delivery & Service

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

President Name

Todd F. Sprague

Street Address

1249 Chopmist Hill Rd.

City

Scituate

State

RI

Zip

02857

Vice President Name

Edward F. Rambone Jr.

Street Address

60 Harding Ave

City

Johnston

State

RI

Zip

02919

Secretary Name

Barbie J. Rambone

Street Address

60 Harding Ave

City

Johnston

State

RI

Zip

02919

Treasurer Name

Rhonda Sprague

Street Address

1249 Chopmist Hill Rd.

City

Scituate

State

RI

Zip

02857

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Todd F. Sprague

Street Address

1249 Chopmist Hill Rd.

City

Scituate

State

RI

Zip

02857

Director Name

Edward F. Rambone Jr.

Street Address

60 Harding Ave

City

Johnston

State

RI

Zip

02919

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares 1,000 SHS COMM NO PAR VAL

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 Common No Par

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: Jan 22, 1999

Check No.: 2760

By: [Signature]

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 all statements contained herein are true and correct.

Barbie J. Rambone 1-21-99
Signature of Officer Date

Barbie J. Rambone
Print or Type Name of Officer

Secretary
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85217** 2. Name of Corporation **Rambone & Sprague Oil Service Inc.**

3. Street Address Principal Business Office
P.O. Box 568

City **N. Scituate** State **RI**

Zip **02857**
6. SIC Code **5090**

4. Business Phone No. **401-421-3303**

5. State of Incorporation
RHODE ISLAND

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

Oil Sales & Service

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

President Name

TODD SPRAGUE

Street Address

**1249 Chopmist Hill Rd.
Scituate RI 02857**

City

Secretary Name

BARBIE RAMBONE

Street Address

**60 Harding Ave
Johnston RI 02919**

City

Vice President Name

EDWARD RAMBONE

Street Address

**60 Harding Ave
Johnston RI 02919**

City

Treasurer Name

RAEWDA SPRAGUE

Street Address

**1249 Chopmist Hill Rd
Scituate RI 02857**

City

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

TODD SPRAGUE

Street Address

**1249 Chopmist Hill Rd.
Scituate RI 02857**

City

Director Name

EDWARD RAMBONE

Street Address

**60 Harding Ave
Johnston RI 02919**

City

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

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: **25.98**

Check No.: **1947**

By: **10P**

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 all statements contained herein are true and correct.

Barbie J. Rambone 1/28/98
Signature of Officer Date

Barbie J. Rambone
Print or Type Name of Officer
Secretary
Title of Officer



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

James 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. Corporate ID No. **85217** 2. Name of Corporation **Rambone & Sprague Oil Service Inc.**

3. Street Address Principal Business Office

P.O. Box 568

City

NORTH SCITUATE

State

RI

Zip

02857

4. Business Phone No.

401-421-3303

5. State of Incorporation
RHODE ISLAND

6. SIC Code

5090

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

OIL SALES & SERVICE

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

President Name

Vice President Name

TODD SPRAGUE

EDWARD RAMBONE JR.

Street Address

Street Address

1249 CHOPMIST HILL RD

60 HARDING AVE

City

State

Zip

D. SCITUATE

RI

02857

City

State

Zip

JOHNSTON

RI

02919

Secretary Name

Treasurer Name

BARBIE RAMBONE

Street Address

Street Address

60 HARDING AVE

City

State

Zip

JOHNSTON

RI

02919

City

State

Zip

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

Director Name

Director Name

TODD SPRAGUE

Street Address

Street Address

1249 CHOPMIST HILL RD

City

State

Zip

D. SCITUATE

RI

02857

City

State

Zip

Director Name

Director Name

EDWARD RAMBONE JR

Street Address

Street Address

60 HARDING AVE

City

State

Zip

JOHNSTON

RI

02919

City

State

Zip

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

100

COMMON

NO PAR

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: **6/20/97**

Check No.: **1914**

By: **[Signature]**

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 all statements contained herein are true and correct.

[Signature] **6/20/97**
Signature of Officer Date

Edward F. Rambone
Print or Type Name of Officer

VP
Title of Officer

PROFIT CORPORATION
ANNUAL REPORT

1996

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



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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85217 2. NAME OF CORPORATION RAMBORE & SPRAGUE OIL SERVICE, INC.
~~05-0485124~~
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE P.O. Box 568 CITY NORTH SCITUATE STATE RI ZIP CODE 02857
4. BUSINESS PHONE NO. 401-421-3303 5. STATE OF INCORPORATION RI 6. SIC CODE 8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
OIL SALES & HEATING MAINTENANCE

8. NAMES AND ADDRESSES OF THE OFFICERS
PRESIDENT NAME TODD SPRAGUE VICE PRESIDENT NAME EDWARD RAMBONE, JR.
STREET ADDRESS 1249 CHOPMIST HILL RD STREET ADDRESS 60 HARDING AVE
CITY N. SCITUATE STATE RI ZIP CODE 02857 CITY JOHNSTON STATE RI ZIP CODE 02919
SECRETARY NAME BARBIE J. RAMBONE TREASURER NAME RHONDA SPRAGUE
STREET ADDRESS 60 HARDING AVE STREET ADDRESS 1249 CHOPMIST HILL RD
CITY JOHNSTON STATE RI ZIP CODE 02919 CITY N. SCITUATE STATE RI ZIP CODE 02857

9. NAMES AND ADDRESSES OF THE DIRECTORS
DIRECTOR NAME SAME AS ABOVE DIRECTOR NAME
STREET ADDRESS ALL OFFICERS ARE DIRECTORS STREET ADDRESS
CITY STATE ZIP CODE CITY STATE ZIP CODE
DIRECTOR NAME DIRECTOR NAME
STREET ADDRESS STREET ADDRESS
CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
<u>1000</u>	<u>Common</u>	<u>No PAR</u>	<u>100</u>	<u>Common</u>	<u>No PAR</u>

This report must be SIGNED IN INK by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 5/3/96
Check No: 571
By: (as)

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 all statements contained herein are true and correct.

Barbie J. Rambone
Signature of Officer
Barbie J. Rambone
Print or Type Name of Officer
Secretary
Title of Officer

Date

FORM 11 1205