



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
401.222.3010

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)

1. Corporate ID No. 80218		2. Name of Corporation Pier Fuel, Inc.			
3. Street Address Principal Business Office 14 Celestial Dr.		City Nana.	State RI	Zip 02882	
4. Business Phone No. 401-789-9490		5. State of Incorporation RHODE ISLAND		6. SIC Code 5090	
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY,SELL,DISPOSE OF, AND GENERALLY DEAL IN HOME HEATINGFUEL, PETROLEUM.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin E. Mulholland		Vice President Name Ann L. Mulholland			
Street Address 50 Birchwood Dr.		Street Address 50 Birchwood Dr.			
City Nana.	State RI	Zip 02882	City Nana	State RI	Zip 02882
Secretary Name Kevin E. Mulholland		Treasurer Name Ann L. Mulholland			
Street Address Same		Street Address Same			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
400 NO PAR VALUE			100	Common	None

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



File Date	FILED
Check No.	MAR 04 2005 2870
By:	<u>10/3</u>
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 of Officer Ann L. Mulholland Day 3/1/05
Print or Type Name of Officer Ann L. Mulholland
Title of Officer VP



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. 80218		2. Name of Corporation Pier Fuel, Inc.			
3. Street Address Principal Business Office 14 Celestial Dr.		City Nana	State RI	Zip 02882	
4. Business Phone No. 401 789 9490		5. State of Incorporation RHODE ISLAND			6. SIC Code 5090
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY,SELL,DISPOSE OF, AND GENERALLY DEAL IN HOME HEATINGFUEL, PETROLEUM.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin E. Mulholland			Vice President Name Ann L. Mulholland		
Street Address 50 Birchwood Dr.			Street Address Same		
City Nana	State RI	Zip 02882	City	State	Zip
Secretary Name Kevin E. Mulholland			Treasurer Name Ann L. Mulholland		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
400 NO PAR VALUE			100	Common	None

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



* 8 0 2 1 8 *

File Date _____
Check No. _____
By: _____
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 of Officer Kevin E. Mulholland Date 2/26/05
Print or Type Name of Officer Ann L. Mulholland
Title of Officer VP



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. 2. Name of Corporation

80218

Pier Fuel, Inc.

3. Street Address Principal Business Office

14 Celestial Dr.

City Pawtucket

State RI

Zip 02882

4. Business Phone No.

401-789-9490

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5090

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

Fuel Oil Dealer

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Kevin E. Mulholland

Vice President Name

Ann L. Mulholland

Street Address

50 Birchwood Dr.

Street Address

Same

City

Pawtucket

State

RI

Zip

02882

City

State

Zip

Secretary Name

Kevin E. Mulholland

Treasurer Name

Ann L. Mulholland

Street Address

Same

Street Address

Same

City

State

Zip

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

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)

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

400 NO PAR VALUE

100

Common

None

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



* 8 0 2 1 8 *

File Date: 3/5/03

Check No.: 153

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 of Officer [Signature] Date 2/27/03

Print or Type Name of Officer Ann L. Mulholland

Title of Officer VP



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. 80218 2. Name of Corporation Pier Fuel, Inc.

3. Street Address Principal Business Office
14 Celestial Dr.

City Narran.

State RI

Zip 02882

4. Business Phone No.
401-739-9490

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5090

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

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

President Name Kevin E. Mulholland
Street Address 50 Birchwood Dr.
City Narran State RI Zip 02882

Vice President Name Ann L. Mulholland
Street Address Same
City Same State Same Zip Same

Secretary Name Kevin E. Mulholland
Street Address Same
City Same State Same Zip Same

Treasurer Name Ann L. Mulholland
Street Address Same
City Same State Same Zip Same

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

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

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

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

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

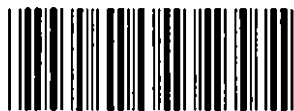
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares 400 NO PAR VALUE Class/Series / Par Value /

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

ISSUED SHARES
Number of Shares 100 Class/Series Common Par Value none

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



* 8 0 2 1 8 *

File Date: 3-8-02

Check No.: 1198

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] 3/4/02
Signature of Officer Date

Ann L. Mulholland
Print or Type Name of Officer

VP
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041



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. <u>30218</u>		2. Name of Corporation <u>Pick Fuel Inc</u>			
3. Street Address Principal Business Office <u>14 Celestial Dr.</u>			City <u>Nana</u>	State <u>RI</u>	Zip <u>02882</u>
4. Business Phone No. <u>401 789 9490</u>		5. State of Incorporation <u>RI</u>		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Fuel Oil Dealer</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Kevin E. Mulholland</u>			Vice President Name <u>Ann L. Mulholland</u>		
Street Address <u>50 Birchwood Dr.</u>			Street Address <u>Same</u>		
City <u>Nana</u>	State <u>RI</u>	Zip <u>02882</u>	City	State	Zip
Secretary Name <u>Kevin E. Mulholland</u>			Treasurer Name <u>Ann L. Mulholland</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
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
<u>400 sts no par value</u>			<u>100</u>	<u>Common</u>	<u>none</u>

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

File Date:

10-12-01

Check No.:

1572

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 of Officer

Ann L. Mulholland 10/10/01

Date

Print or Type Name of Officer

Ann L. Mulholland

Title of Officer

VP



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. **80218** 2. Name of Corporation **Pier Fuel, Inc.**
3. Street Address Principal Business Office **14 Celestial Dr.** City **Nana** State **RI** Zip **02882**
4. Business Phone No. **401-789-9490** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5090**

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

Fuel Oil Dealer

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Kevin E. Mulholland**
Street Address **50 Birchwood Dr.**
City **Nana** State **RI** Zip **02882**
Secretary Name **Kevin E. Mulholland**
Street Address **Same**
City _____ State _____ Zip _____

Vice President Name **Ann L. Mulholland**
Street Address **Same**
City _____ State _____ Zip _____
Treasurer Name **Ann L. Mulholland**
Street Address **Same**
City _____ State _____ Zip _____

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

FILL IN SPACES BEFORE USING ATTACHMENTS

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

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
400 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	none

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



* 8 0 2 1 8 *

File Date: **3/17/00**
Check No.: **5887**
By: **ec**

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 of Officer **Ann L. Mulholland** Date **3/17/00**
Print or Type Name of Officer **Ann L. Mulholland**
Title of Officer **VP**



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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80218 2. Name of Corporation Pier Fuel, Inc.
3. Street Address Principal Business Office 14 Celestial Dr. City Nana State RI Zip 02882
4. Business Phone No. 401-789-9490 5. State of Incorporation RHODE ISLAND 6. SIC Code 5090

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name Kevin E. Mulholland Vice President Name Ann L. Mulholland
Street Address 50 Birchwood Dr. Street Address 50 Birchwood Dr.
City Nana State RI Zip 02882 City Nana State RI Zip 02882
Secretary Name Kevin E. Mulholland Treasurer Name Ann L. Mulholland
Street Address Same Street Address Same
City State Zip City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name _____ Street Address _____
City _____ State _____ Zip _____
Director Name _____ Street Address _____
City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
400 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common none

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



File Date: Jan 27, 1999
Check No.: JD
By: 5055

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 Ann L. Mulholland Date 1/25/99
Print or Type Name of Officer Ann L. Mulholland
V. Faw



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. 2. Name of Corporation

80218

Pier Fuel, Inc.

3. Street Address Principal Business Office

14 Celestial Dr.

4. Business Phone No.

401-789-9490

5. State of Incorporation

RHODE ISLAND

City

Nana

State

RI

Zip

02882

6. SIC Code

5090

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

Fuel oil dealer

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

President Name

Kevin E. Mulholland

Vice President Name

Ann L. Mulholland

Street Address

50 Birchwood Dr.

Street Address

Same

City

Nana

State

RI

Zip

02882

City

State

Zip

Secretary Name

Ann L. Mulholland

Treasurer Name

Kevin E. Mulholland

Street Address

Same

Street Address

Same

City

State

Zip

City

State

Zip

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

Director Name

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

400 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common no par val.

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



* 8 0 2 1 8 *

File Date: 2.27.98

Check No.: 4223

By: ICP

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.

Ann L. Mulholland 2/25/98

Signature of Officer Date

Ann L. Mulholland

Print or Type Name of Officer

VP

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. **80218** 2. Name of Corporation **Pier Fuel, Inc.**
3. Street Address Principal Business Office **14 Celestial Dr.** City **Narragansett** State **RI** Zip **02882**
4. Business Phone No. **401-789-9490** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5090**

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

Fuel Dealer

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

President Name Kevin E. Mulholland Street Address 50 Birchwood Dr. City Narragansett State RI Zip 02882	Vice President Name Ann L. Mulholland Street Address same City _____ State _____ Zip _____
Secretary Name Ann L. Mulholland Street Address same City _____ State _____ Zip _____	Treasurer Name Kevin E. Mulholland Street Address same City _____ State _____ Zip _____

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

Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ 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
400 SHS NO PAR VALUE			200	Common	

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



File Date: **3-10-97**
Check No.: **3328**
By: **100**

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 of Officer **Ann L. Mulholland** Date **3/1/97**
Print or Type Name of Officer **Ann L. Mulholland**
Title of Officer **VP**

PROFIT CORPORATION
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-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 80218 2. NAME OF CORPORATION Pier Fuel, Inc. CITY Pawtucket STATE RI ZIP CODE 02882

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 14 Celestial Dr. CITY Pawtucket STATE RI ZIP CODE 02882

4. BUSINESS PHONE NO. 401-739-94 STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 5090

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND heating oil retailer

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
Kevin E. Mulholland	Ann L. Mulholland
STREET ADDRESS 50 Birchwood Dr.	STREET ADDRESS 50 Birchwood
CITY Pawtucket STATE RI ZIP CODE 02882	CITY Pawtucket STATE RI ZIP CODE 02882
SECRETARY NAME Ann L. Mulholland	TREASURER NAME Kevin E. Mulholland
STREET ADDRESS Same	STREET ADDRESS Same
CITY Pawtucket STATE RI ZIP CODE 02882	CITY Pawtucket STATE RI ZIP CODE 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	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
400 SHS NO PAR VALUE			100	Common	no par value

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

File Date: 2/5/96
Check No: 2357
By: MESSY / VP
For Secretary of State Use Only

Signature of Officer Ann L. Mulholland
Print or Type Name of Officer Ann L. Mulholland
Title of Officer V.P. Date 2/2/96



CK # 1382

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0080218

1995

Corporate ID: _____ Annual Report for the year: _____

Name of Corporation: Pier Fuel, Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

14 Celestial Dr
Narragansett RI 02882

Phone: (401) 789-9190

Brief statement of the character of business conducted in Rhode Island:

Home Heating Fuel Delivery

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Kevin E. Mulholland	50 Birchwood Dr.	Narragansett RI	02882
VICE PRESIDENT	Ann L. Mulholland	"	"	"
SECRETARY	Ann L. Mulholland	"	"	"
TREASURER	Kevin E. Mulholland	"	"	"

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
400	Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	Common

Date: 1/6 1995

By: Ann L. Mulholland, V. Pres.

Form 31 1/95

PRINT OR TYPE NAME OF OFFICER SIGNING: Ann L. Mulholland
TITLE OF OFFICER SIGNING: V.P.

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

KEVIN E. MULLHOLLAND
50 BIRCHWOOD DRIVE
NARRAGANSETT RI 02882

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777 2 15
2107 00 1110