



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2019**
 Corporation

2019 FEB 11 AM 8:38

- 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 000083155		2. Exact name of the Corporation Taylor Oil Northeast, Inc.			
3. Principal Office Address 176 CENTRE STREET			City HOLBROOK	State MA	Zip 02343
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT THE BUSINESS OF BUYING, SELLING AND DISTRIBUTING GASOLINE AND OIL PRODUCTS			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD WORKMAN			Vice-President Name DAVID M TAYLOR		
Street Address P O BOX 974			Street Address P O BOX 974		
City SOMERVILLE	State NJ	Zip 08876	City SOMERVILLE	State NJ	Zip 08876
Secretary Name JODI GRANDUKE			Treasurer Name DAVID M TAYLOR		
Street Address P O BOX 974			Street Address P O BOX 974		
City SOMERVILLE	State NJ	Zip 08876	City SOMERVILLE	State NJ	Zip 08876
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID M TAYLOR			Director Name		
Street Address P O BOX 974			Street Address		
City SOMERVILLE	State NJ	Zip 08876	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
			100		Common
					PAR VALUE
					No Par Value
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 RICHARD WORKMAN					Date
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

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BY Cu 62425

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