



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
CorporationRECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 21 AM 10:37

- 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 000012134		2. Exact name of the Corporation MONTELLA OIL, INC.			
3. Principal Office Address 242 Admiral Street			City Providence	State RI	Zip 02908
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island Sales, Installation, Service & Maintenance of Heating and Air-Conditioning Units and other related services.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DENNIS A. BROPHY			Vice-President Name PATRICIA A. BROPHY		
Street Address 242 Admiral Street			Street Address 242 Admiral Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name PATRICIA A. BROPHY			Treasurer Name DENNIS A. BROPHY		
Street Address 242 Admiral Street			Street Address 242 Admiral Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 600	CLASS/SERIES COMMON	PAR VALUE NO PAR	
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.					
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.					
Name of Authorized Representative DENNIS A. BROPHY					Date 1-31-19
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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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BY

FORM 630 - Revised: 10/2017