



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

→ 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 86766		2. Exact name of the Corporation Mystic Oil Company, Incorporated			
3. Principal Office Address 19 Jackson Avenue			City Mystic	State CT	Zip 06355
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island The Retail Sale of Petroleum Products			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Peter Zelken			Vice-President Name None		
Street Address 19 Jackson Avenue			Street Address		
City Mystic	State CT	Zip 06355	City	State	Zip
Secretary Name Peter Zelken			Treasurer Name Peter Zelken		
Street Address 19 Jackson Avenue			Street Address 19 Jackson Avenue		
City Mystic	State CT	Zip 06355	City Mystic	State CT	Zip 06355
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Eric Finkelstein			Director Name James Turner		
Street Address 64 Mercer Street			Street Address 17617 Allanthus Drive		
City Jersey City	State NJ	Zip 07032	City Chesterfield	State MO	Zip 63005
Director Name			Director Name		
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 1,427	CLASS/SERIES Stock	PAR VALUE \$0.00
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 Peter Zelken				Date 2-11-19	
Signature of Authorized Representative 					

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

FILED

FEB 21 2019 FORM 630 - Revised: 10/2017

BY 0131861 QS