



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

STAMP

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.

FILED
 DEPARTMENT OF STATE
 PROVIDENCE, RI

1. Entity ID Number 85553		2. Exact name of the Corporation HERITAGE OIL, INC.			
3. Principal Office Address 3018 EAST MAIN ROAD			City PORTSMOUTH	State RI	Zip 02871
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island TO SELL HEATING OIL & DIESEL OIL & TO PROVIDE SERVICES & MAINTENANCE OF HOME & DIESEL HEATING SYSTEMS.			
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 LISA DAVIS			Vice-President Name LISA DAVIS		
Street Address 3018 EAST MAIN ROAD			Street Address 3018 EAST MAIN ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name LISA DAVIS			Treasurer Name LISA DAVIS		
Street Address 3018 EAST MAIN ROAD			Street Address 3018 EAST MAIN ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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	PAR VALUE
			100	COMMON	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 LISA DAVIS, PRESIDENT					Date 2/22/19
Signature of Authorized Representative <i>Lisa Davis</i>					FILED
SIGN DOCUMENT HERE					

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

FEB 27 2019

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