



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.

FILED

MAR 25 2019

4497

1. Entity ID Number 000070594		2. Exact name of the Corporation Blue Sky Natural Gas & Petroleum, Inc.			
3. Principal Office Address 99 Charlotte Drive			City East Greenwich	State RI	Zip 02818
4. NAICS Code 221210		6. Brief description of the character of business conducted in Rhode Island deal in natural gas, petroleum and crude oil			
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 Leslie Ann Mathews			Vice-President Name Leslie Ann Mathews		
Street Address 99 Charlotte Drive			Street Address 99 Charlotte Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Leslie Ann Mathews			Treasurer Name Leslie Ann Mathews		
Street Address 99 Charlotte Drive			Street Address 99 Charlotte Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Leslie Ann Mathews			Director Name		
Street Address 99 Charlotte Drive			Street Address		
City East Greenwich	State RI	Zip 02818	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	PAR VALUE
		100		Common	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.					
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 Leslie Ann Mathews					Date 3/6/2019
Signature of Authorized Representative <i>Leslie Ann Mathews</i>					SEAL DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov