



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

FILED

MAR 27 2019

STAMP

BY

[Handwritten signature]
 DATE ONLY

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 6657		2. Exact name of the Corporation T.H. MALLOY & SONS, INC.			
3. Principal Office Address 106 Scott Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island RETAIL FUELS, OILS, SALES AND SERVICE			
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 THOMAS JAMES MALLOY			Vice-President Name KARIN P. FLEMING		
Street Address 49 Angell Road			Street Address 9 Ledgeмонт Road		
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
Secretary Name THOMAS JAMES MALLOY			Treasurer Name KARIN P. FLEMING		
Street Address 49 Angell Road			Street Address 9 Ledgeмонт Road		
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name THOMAS JAMES MALLOY			Director Name KARIN P. FLEMING		
Street Address 49 Angell Road			Street Address 9 Ledgeмонт Road		
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 THOMAS JAMES MALLOY, PRESIDENT				Date March 25, 2019	
Signature of Authorized Representative <i>[Handwritten Signature]</i>			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