s s	tate of Rhode Island and Pro Office of the Secreta	
	Division Of Business 148 W. River St Providence RI 0290 (401) 222 304	treet )4-2615
HOPE	(401) 222-304	10
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2019</u>	
1. ID No. <u>001661857</u>	7	
2. Exact Name of the Li	mited Liability Company BioSpher	re Fuels, LLC
3. State of Formation		
State: <u>OK</u>		
	ARTICLE III	
-	Code that best describes the primary e information on <u>NAICS</u> can be found	business conducted by the entity. Download online.
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island
		······································
PETROLEUM PRODUC	CTS WHOLESALER	
5. Principal Office Addre	SS	
	I. PENNSYLVANIA AVENUE IOMA CITY	State: <u>OK</u> Zip: <u>73120</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:
	BOX 26210	
City or Town: OKI	<u>_AHOMA CITY</u> State: <u>OK</u>	Zip: <u>73126</u> Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	GREGORY M. LOVE	10601 N. PENNSYLVANIA AVENUE OKLAHOMA CITY, OK 73120 USA
MANAGER	FRANK C LOVE IV	10601 N. PENNSYLVANIA AVENUE

		OKLAHOMA CITY, OK 73120 USA
MANAGER	JENNIFER L MEYER	10601 N. PENNSYLVANIA AVENUE OKLAHOMA CITY, OK 73120 USA
MANAGER	LAURA A LOVE	10601 N. PENNSYLVANIA AVENUE OKLAHOMA CITY, OK 73120 USA
MANAGER	DOUGLAS J STUSSI	10601 N. PENNSYLVANIA AVENUE OKLAHOMA CITY, OK 73120 USA
MANAGER	SHANE WHARTON	10601 N PENNSYLVANIA AVENUE OKLAHOMA CITY, OK 73120 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 13 Day of August, 2019 at 3:39:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>DOUGLAS J STUSSI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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