



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

AUG 26 2019

BY BL SCS05

1. Entity ID Number <b>001680635</b>		2. Exact name of the Corporation <b>Midnight Fuel Oil Inc</b>			
3. Principal Office Address <b>67 Sandy Bottom Rd</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>484110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sale and delivery of heating oil</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Verrier</b>			Vice-President Name		
Street Address <b>336 Hope Furnace Rd</b>			Street Address		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		C: ASS/SERIES	
		100		CNP	
		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. <b>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.</b>					
Name of Authorized Representative <b>Michael Verrier, President</b>				Date <b>8/12/19</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	