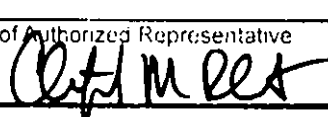




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 19502		2. Exact name of the Corporation Industrial Oil and Supply Co.			
3. Principal Office Address 308 East School Street		City Woonsocket		State RI	Zip 02895
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Sale of industrial and automotive oils and greases			
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 Christopher Roberts			Vice-President Name		
Street Address 290 Mendon Road			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Christopher Roberts			Treasurer Name Christopher Roberts		
Street Address 290 Mendon Road			Street Address 290 Mendon Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Roberts			Director Name		
Street Address 290 Mendon Road			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 Christopher Roberts					Date 9/14/2019
Signature of Authorized Representative 					

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

SEP 16 2019

BY 49084

FORM 630 - Revised: 10/2017