



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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

DEC 30 2019

BY

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| | | | | | |
|--|--------------------|---|---|--------------------|-------------------------|
| 1. Entity ID Number 85217 | | 2. Exact name of the Corporation Rambone & Sprague Oil Services Inc. | | | |
| 3. Principal Office Address 1024 Danielson Pike | | City North Scituate | | State RI | Zip 02957 |
| 4. NAICS Code 454310 | | 6. Brief description of the character of business conducted in Rhode Island Oil 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 Edward F. Rambone, Jr. | | | Vice-President Name Edward F. Rambone, Jr. | | |
| Street Address P.O. Box 51 | | | Street Address P.O. Box 51 | | |
| City North Scituate | State RI | Zip 02857 | City North Scituate | State RI | Zip 02857 |
| Secretary Name Barbie J. Rambone | | | Treasurer Name Barbie J. Rambone | | |
| Street Address P.O. Box 51 | | | Street Address P.O. Box 51 | | |
| City North Scituate | State RI | Zip 02857 | City North Scituate | State RI | Zip 02857 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Edward F. Rambone, Jr. | | | Director Name | | |
| Street Address P.O. Box 51 | | | Street Address | | |
| City North Scituate | State RI | Zip 02857 | City | State | Zip |
| 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 Edward F. Rambone, Jr., President | | | | | Date 12-18-19 |
| Signature of Authorized Representative <i>Edward F. Rambone, Jr.</i> | | | | | SIGN DOCUMENT HERE |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016