



State of Rhode Island and Providence Plantations

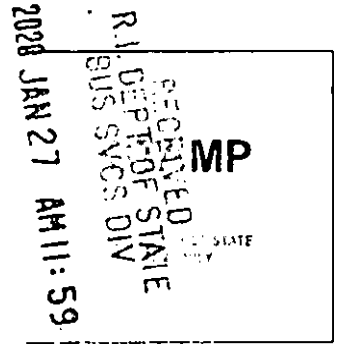
Department of State - Business Services Division

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.



1. Entity ID Number 16400		2. Exact name of the Corporation Helger's -United Oil Company												
3. Principal Office Address 136 Main Rd.			City Tiverton	State RI	Zip 02878									
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island To engage in and conduct a fuel oil business												
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 Alfred A. Helger, Jr.			Vice-President Name Teresa L. helger											
Street Address 136 Main Rd.			Street Address 136 Main Rd.											
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878									
Secretary Name Teresa L. Helger			Treasurer Name Teresa L. Helger											
Street Address 136 Main Rd.			Street Address 136 Main Rd.											
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Alfred A. Helger, Jr.			Director Name Teresa L. Helger											
Street Address 136 Main Rd.			Street Address 136 Main Rd.											
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878									
Director Name N/A			Director Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued 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.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>300</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	No Par			
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300	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 Teresa L. Helger, Vice President/ Secretary/ Treasurer				Date 1-25-2020										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

FILED
JAN 27 2020
BY [Signature]