



STATE OF RHODE ISLAND
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 142252		2. Exact name of the limited liability company Suburban Heating Oil Partners, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island None currently, eventually retail sales of gas appliances	
5. Principal office address 240 Route 10		City Whippany	State NJ
			Zip 07981
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Elmer Dante		Contact Title Assistant Controller	
Street Address 240 Route 10		City Whippany	State NJ
			Zip 07981
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Michael J. Dunn, Jr.		Manager Name Janice G. Sokol	
Street Address 240 Route 10		Street Address 240 Route 10	
City Whippany	State NJ	City Whippany	State NJ
Zip 07981		Zip 07981	
Manager Name Michael A. Stivala		Manager Name Robert M. Phute	
Street Address 240 Route 10		Street Address 240 Route 10	
City Whippany	State NJ	City Whippany	State NJ
Zip 07981		Zip 07981	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



142252

File Date 11/10/05
Check No. 272775b
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 9/19/05
Signature of Authorized Person Date
Michael Stivala
Print or Type Name of Authorized Person