



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

Annual Report for the year: 2019
 Corporation

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 BUS SVCS DIV
 2020 MAY 19 AM 11:49

- 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 <u>1338045</u>		2. Exact name of the Corporation <u>Australian Eucalyptus Oil Company USA</u>			
3. Principal Office Address <u>138 County Street</u>		City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>	
4. NAICS Code <u>453220</u>		6. Brief description of the character of business conducted in Rhode Island <u>online store - essential oil cleaning products</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Faye LeRoux</u>			Vice-President Name <u>Richard LeRoux</u>		
Street Address <u>138 County St</u>			Street Address <u>138 County St</u>		
City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>	City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>4</u>	<u>STK</u>	<u>\$0.0100</u>
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. <i>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.</i>					
Name of Authorized Representative <u>Faye LeRoux</u>				Date <u>5.10.20</u>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED

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

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