



Office of the Secretary of State
Matthew A. Brown, Secretary of State

Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 122590		2. Name of Corporation ACORN OIL INC		
3. Street Address Principal Business Office 227 CLEVELAND ST		City Pawtucket	State RI	Zip 02860
4. Business Phone No 401.724.3498		5. State of Incorporation RHODE ISLAND		6. SIC Code 5090
7. Brief Description of the Character of Business Conducted in Rhode Island OIL DELIVERY AND SERVICE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Keith C Perry		Vice President Name Karen Guttin Perry		
Street Address 227 CLEVELAND ST		Street Address 227 CLEVELAND STREET		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Keith C Perry		Director Name Karen Guttin Perry		
Street Address 227 CLEVELAND ST		Street Address 227 CLEVELAND ST		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value		
8,000 NO PAR VALUE				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2.1.05
Check No.	832
By:	2
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 of Officer
Karen Guttin Perry V.P.
Print or Type Name of Officer
V. Pres.
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 122590		2. Name of Corporation ACORN OIL INC			
3. Street Address Principal Business Office 227 Cleveland St (227 Cleveland St)		City Pawtucket	State RI RI	Zip 02860	
4. Business Phone No 401 724 3498		5. State of Incorporation RHODE ISLAND		6. SIC Code 5090	
7. Brief Description of the Character of Business Conducted in Rhode Island OIL DELIVERY AND SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Keith C Perry		Vice President Name Karen Guttin Perry			
Street Address 227 Cleveland St		Street Address 227 Cleveland St			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Same		Treasurer Name Same			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None (Keith C Perry)		Director Name None (Karen Guttin Perry)			
Street Address Same		Street Address Same			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			None	None	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1-28-04

File Date

Check No. 694

By: 11P

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.

Karen Guttin Perry 1-26-04
Signature of Officer Date

KAREN GUTTIN PERRY
Print or Type Name of Officer

V. Pres.
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 122590	2. Name of Corporation ACORN OIL INC		
3. Street Address Principal Business Office 227 CLEVELAND Street		City PAWUCKET	State RI
4. Business Phone No. 724-3498		5. State of Incorporation RHODE ISLAND	Zip 02860
7. Brief Description of the Character of Business Conducted in Rhode Island OIL DELIVERY AND SERVICE			6. SIC Code 5090

8. NAMES AND ADDRESSES OF THE OFFICERS (FOR BOX FOR ATTACHMENT) <input type="checkbox"/> FULL IN SPACES BEFORE USING ATTACHMENTS			
President Name KEITH C PERRY		Vice President Name KAREN GUTHRIE PERRY	
Street Address 227 CLEVELAND ST		Street Address 227 CLEVELAND STREET	
City PAWUCKET	State RI	City PAWUCKET	State RI
Zip 02860		Zip 02860	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	

9. NAMES AND ADDRESSES OF THE DIRECTORS (FOR BOX FOR ATTACHMENT) <input type="checkbox"/> FULL IN SPACES BEFORE USING ATTACHMENTS			
Director Name KEITH C PERRY		Director Name KAREN GUTHRIE PERRY	
Street Address 227 CLEVELAND ST		Street Address 227 CLEVELAND ST	
City PAWUCKET	State RI	City PAWUCKET	State RI
Zip 02860		Zip 02860	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	

10. SHARES AUTHORIZED (FOR BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (FOR BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000 COMM NO PAR VALUE			200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 3-17-03

Check No. 509

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 of Officer [Signature] Date 3/1/03

Print or Type Name of Officer Karen Perry

Title of Officer v.p.



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

122590

2. Name of Corporation

ACORN OIL INC

3. Street Address Principal Business Office

227 Cleveland ST.

City

Pawtucket

State

RI

Zip

02860

4. Business Phone No.

401-724-3498

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5090 Wholesale

7. Brief Description of the Character of Business Conducted in Rhode Island

Wholesale oil deliveries w/ #2 fuel oil to homes

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Keith C Perry

Street Address

227 Cleveland ST

City

Pawt

State

RI

Zip

02860

Vice President Name

Karen Perry

Street Address

227 Cleveland ST

City

Pawt.

State

RI

Zip

02860

Secretary Name

Keith C Perry

Street Address

227 Cleveland ST

City

Pawt

State

RI

Zip

02860

Treasurer Name

Karen Perry

Street Address

227 Cleveland ST

City

Pawt

State

RI

Zip

02860

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

none

Street Address

none

City

State

none

Zip

none

Director Name

none

Street Address

none

City

State

none

Zip

none

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 2 5 9 0 *

File Date:

1.17.03

Check No.:

0442

By:

UP

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.

Karen Perry 11/17/03
Signature of Officer Date

KAREN PERRY
Print or Type Name of Officer

V. Pres.
Title of Officer