STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*
*Matthew A. Brown, Secretary of State*

*Corporations Divisi*
*100 North Main Str*
*Providence, RI 02903-13*
*401.222.30*

# 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. | 2. Name of Corporation |
|---|---|
| 84297 | Richard's Oil Company Inc. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 275 South Main Street | Coventry | RI | 02816 |

| 4. Business Phone No. | 5. State of Incorporation | 6. SIC Code |
|---|---|---|
| 401-822-1543 | RHODE ISLAND | 5090 |

7. Brief Description of the Character of Business Conducted in Rhode Island
OIL SALES, DELIVERY AND REPAIR SERVICES.

**8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Vice President Name |
|---|---|
| Richard L Polselli | |
| Street Address: 275 South Main Street | Street Address |
| City: Coventry State: RI Zip: 02816 | City State Zip |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

**9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| 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 |

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 4,000 | NO PAR VALUE | |
| | | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Common | No par value |
| | | |

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

[redacted] [redacted]

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.

Bud Polselli 1-17-05
*Signature of Officer* *Date*

Richard L. Polselli
*Print or Type Name of Officer*

President
*Title of Officer*

*File Date* 1/19/05
*Check No.* 10911
*By:* DA
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*
***Matthew A. Brown**, Secretary of State*

*Corporations Divisi*
*100 North Main Str*
*Providence, RI 02903-13*
*401.222.30*

# 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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 84297 | Richard's Oil Company Inc. | | | |
| 3. Street Address Principal Business Office: 275 South Main Street | City: Coventry | State: RI | Zip: 02816 | |
| 4. Business Phone No.: 401-822-1543 | 5. State of Incorporation: RHODE ISLAND | | 6. SIC Code: 5090 | |

7. Brief Description of the Character of Business Conducted in Rhode Island
OIL SALES, DELIVERY AND REPAIR SERVICES.

**8. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Vice President Name |
|---|---|
| Richard Polselli | |
| Street Address: 275 South Main Street | Street Address |
| City: Coventry / State: RI / Zip: 02816 | City / State / Zip |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

**9. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| 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 |

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 4,000 | NO PAR VALUE | |
| | | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Commn | No par value |
| | | |

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

[redacted]

* 84297 *

*File Date* 1-7-04

*Check No.* 10077

*By:*

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repo
including any accompanying schedules and statements, and that all statemer
contained herein are true and correct.

*Signature of Officer* — *Date* 1-5-04

Richard Polselli
*Print or Type Name of Officer*

President
*Title of Officer*

[redacted]

Form 630 Rev. 12/03

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

*Edward S. Inman, III, Secretary of Sta*
*Corporations Divisi*
*100 North Main Street, Providence, RI 02903-13*
*401-222-30*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED OR PRINTED IN BLACK)*

1. Corporate ID No.: 84297
2. Name of Corporation: Richard's Oil Company Inc.
3. Street Address Principal Business Office: 275 South Main St — City: Coventry — State: RI — Zip: 02816
4. Business Phone No.: 401-822-1543
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5090
7. Brief Description of the Character of Business Conducted in Rhode Island: Heating Oil Distributor

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Richard Polselli
Street Address: 275 South Main St
City: Coventry — State: RI — Zip: 02816

Vice President Name:
Street Address:
City — State — Zip:

Secretary Name: Richard Polselli
Street Address: 275 South Main St
City: Coventry — State: RI — Zip: 02816

Treasurer Name:
Street Address:
City — State — Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 4,000 NO PAR VALUE | | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Common | No par value |

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

[redacted] [redacted]

* 8 4 2 9 7 *

File Date: 3-17-03

Check No.: 9440

By: D

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 — Date: 3-1-03

Print or Type Name of Officer: Richard L. Polselli

Title of Officer: President



Form 630 12/02

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*

STOP
PLEASE READ INSTRUCTIONS

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

*(FORM MUST BE TYPED IN BLACK)*

*1. Corporate ID No.* 84297

*2. Name of Corporation* Richard's Oil Company Inc.

*3. Street Address Principal Business Office* 275 South Main Street

*City* Coventry *State* RI *Zip* 02816

*4. Business Phone No* 401-822-1543

*5. State of Incorporation* RHODE ISLAND

*6. SIC Code* 5090

*7. Brief Description of the Character of Business Conducted in Rhode Island*
Heating Oil Distributor

## 8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

*President Name* Richard Polselli
*Street Address* 275 South Main St
*City* Coventry *State* RI *Zip* 02816

*Vice President Name*
*Street Address*
*City* *State* *Zip*

*Secretary Name* Richard Polselli
*Street Address* 275 South Main St
*City* Coventry *State* RI *Zip* 02816

*Treasurer Name*
*Street Address*
*City* *State* *Zip*

## 9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

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

AUTHORIZED SHARES

| *Number of Shares* | *Class/Series* | *Par Value* |
|---|---|---|
| 4,000 NO PAR VALUE | | |

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

ISSUED SHARES

| *Number of Shares* | *Class/Series* | *Par Value* |
|---|---|---|
| 100 | Common | No par value |

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

* 8 4 2 9 7 *

*File Date:* 2-26-02

*Check No.:* 2003

*By:*

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.

Richard Polselli 2-25-02
*Signature of Officer* *Date*

Richard Polselli
*Print or Type Name of Officer*

President
*Title of Officer*



*Form 630 12/01*

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

*Corporations Divis*
*100 North Main Street, Providence, RI 02903-1.*
*401-222-3*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP PLEASE READ INSTRUCTION

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 84297
2. Name of Corporation: Richard's Oil Company Inc.
3. Street Address Principal Business Office: 275 South Main St. — City: Coventry — State: RI — Zip: 02816
4. Business Phone No.: 401-822-1543
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5090
7. Brief Description of the Character of Business Conducted in Rhode Island: Heating Oil Distributor

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | |
|---|---|
| President Name: Richard Polselli | Vice President Name: |
| Street Address: 275 South Main St. | Street Address: |
| City: Coventry State: RI Zip: 02816 | City: State: Zip: |
| Secretary Name: Richard Polselli | Treasurer Name: |
| Street Address: 275 South Main St. | Street Address: |
| City: Coventry State: RI Zip: 02816 | City: State: Zip: |

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | |
|---|---|
| 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: |

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 4,000 SHS | NO PAR VALUE | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Commun | No par valu |

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

*84297*

File Date: FILED

Check No.: JAN 22 2001

By: By 07921

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.

Richard Polselli 1/18/01
*Signature of Officer* *Date*

Richard Polselli
*Print or Type Name of Officer*

President
*Title of Officer*

*Form 630 12/00*

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

*James R. Langevin, Secretary of St*
*Corporations Divis*
*100 North Main Street, Providence, RI 02903-1.*
*401-222-3*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

STOP
PLEASE RE
INSTRUCTIO

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 84297
2. Name of Corporation: Richard's Oil Company Inc.
3. Street Address Principal Business Office: 275 South Main Street — City: Coventry — State: RI — Zip: 02816
4. Business Phone No.: 401-822-1543
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5090
7. Brief Description of the Character of Business Conducted in Rhode Island: Heating Oil Distributor

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Richard Polselli
Street Address: 275 South Main Street
City: Coventry — State: RI — Zip: 02816

Vice President Name: —
Street Address:
City — State — Zip

Secretary Name: Richard Polselli
Street Address: 275 South Main Street
City: Coventry — State: RI — Zip: 02816

Treasurer Name: —
Street Address:
City — State — Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: —
Street Address:
City — State — Zip

Director Name: —
Street Address:
City — State — Zip

Director Name: —
Street Address:
City — State — Zip

Director Name: —
Street Address:
City — State — Zip

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 4,000 SHS | NO PAR VALUE | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Comma | No par value |

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

[redacted]

* 8 4 2 9 7 *

File Date: 1/4/00

Check No.: 7191 8

By: Cr

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Richard Polselli — 1-3-2000
*Signature of Officer* — *Date*

Richard Polselli
*Print or Type Name of Officer*

President
*Title of Officer*

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

*James R. Langevin, Secretary of St*
*Corporations Divisi*
*100 North Main Street, Providence, RI 02903-13*
*401-222-30*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 84297
2. Name of Corporation: Richard's Oil Company Inc.
3. Street Address Principal Business Office: 275 South Main Street — City: Coventry — State: RI — Zip: 02816
4. Business Phone No.: 822-1543
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5080
7. Brief Description of the Character of Business Conducted in Rhode Island: Oil sales + service

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Richard Polselli
Street Address: 275 South Main Street
City: Coventry — State: RI — Zip: 02816

Vice President Name:
Street Address:
City — State — Zip

Secretary Name:
Street Address:
City — State — Zip

Treasurer Name:
Street Address:
City — State — Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 4,000 SHS | NO PAR VALUE | |

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) [ ]

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Common | No par value |

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

[redacted] * 8 4 2 9 7 * [redacted]

File Date: feb 11 99
Check No.: 6987
By: [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Richard Polselli — 2.9.99
*Signature of Officer* — *Date*

Richard Polselli
*Print or Type Name of Officer*

President
*Title of Officer*

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

*James R. Langevin, Secretary of St*
*Corporations Divis*
*100 North Main Street, Providence, RI 02903-1*
*401-277-3(*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID 84297 2. Richard's Oil Company Inc.

3. Street Address Principal Business Office: 275 South Main Street — City: Coventry — State: RI — Zip: 02816

4. Business Phone No.: 401 822 1543 — 5. RHODE ISLAND — 6. SIC 5090

7. Brief Description of the Character of Business Conducted in Rhode Island: Oil sales and service

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

President Name: Richard Polselli
Street Address: 275 South Main St.
City: Coventry — State: RI — Zip: 02816

Vice President Name:
Street Address:
City — State — Zip

Secretary Name:
Street Address:
City — State — Zip

Treasurer Name:
Street Address:
City — State — Zip

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

Director Name: None
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 4,000 SHS | NO PAR VALUE | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Common | No Par Value |

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

[redacted] [barcode] * 8 4 2 9 7 *

File Date: 1/29/98
Check No.: 5802
By: LMD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Richard Polselli — 1-27-98
*Signature of Officer* — *Date*

Richard Polselli
*Print or Type Name of Officer*

President
*Title of Officer*

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

*James R. Langevin, Secretary of Stat*
*Corporations Divisio*
*100 North Main Street, Providence, RI 02903-133*
*401-277-304*

# PROFIT CORPORATION ANNUAL REPORT 1997

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 84297

2. Name of Corporation: Richard's Oil Company Inc.

3. Street Address Principal Business Office: 275 S. Main Street — City: Coventry — State: RI — Zip: 02816

4. Business Phone No.: 401- 822 - 1543

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 5090

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

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

President Name: Richard Polselli
Street Address: 275 S. Main Street
City: Coventry — State: RI — Zip: 02816

Vice President Name: N/A
Street Address:
City — State — Zip

Secretary Name: N/A
Street Address:
City — State — Zip

Treasurer Name: N/A
Street Address:
City — State — Zip

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

Director Name: N/A
Street Address:
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|---|---|---|---|---|---|
| *Number of Shares* | *Class/Series* | *Par Value* | *Number of Shares* | *Class/Series* | *Par Value* |
| 4,000 SHS NO PAR VALUE | | | 100 | Common | No Par Value |

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

[redacted] * 8 4 2 9 7 *

File Date: 1/30/97
Check No.: 5166
By: OCR / SEC
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Richard Polselli — 1/28/97
*Signature of Officer* — *Date*

Richard Polselli
*Print or Type Name of Officer*

President
*Title of Officer*

# PROFIT CORPORATION ANNUAL REPORT

**1996**

**Filing Period: January 1–March 1**
**Filing Fee: $50.00**

State of Rhode Island and Providence Plantatio
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-30

**PLEASE TYPE OR PRINT IN BLACK INK.**

| 1. CORPORATE ID NO. | 2. NAME OF CORPORATION |
|---|---|
| 84297 | Richard's Oil Company Inc. |

| 3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 275 South Main Street | Coventry | RI | 02816 |

| 4 BUSINESS PHONE NO. | 5. STATE OF INCORPORATION | 6. SIC CODE |
|---|---|---|
| (401) 822-1543 | RHODE ISLAND | 8888 |

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Heating oil sales + Service

## 8. NAMES AND ADDRESSES OF THE OFFICERS

| PRESIDENT NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| Richard L. Polselli | 275 South Main Street | Coventry | RI | 02816 |

| VICE PRESIDENT NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| SECRETARY NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| TREASURER NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

## 9. NAMES AND ADDRESSES OF THE DIRECTORS

| DIRECTOR NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| DIRECTOR NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| DIRECTOR NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

| DIRECTOR NAME | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| | | | | |

## 10. SHARES AUTHORIZED AND ISSUED

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|---|---|---|---|---|---|
| NUMBER OF SHARES | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 4,000 SHS | NO PAR VALUE | | 100 | Common | No par value |
| | | | | | |
| | | | | | |

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined thi
report, including any accompanying schedules and statements, and tha
all statements contained herein are true and correct.

Signature of Officer

Richard L. Polselli
Print or Type Name of Officer

President
Title of Officer

Date

File Date: 2-9-96

Check No: 4565

By:

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 10/95