



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 18 2021

11611

1. Entity ID Number 000085553		2. Exact name of the Corporation HERITAGE OIL, INC.												
3. Principal Office Address 3018 East Main Rd.			City Portsmouth	State RI	Zip 02871									
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island to sell heating oil & diesel oil & to provide services & maintenance of home & diesel heating systems												
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 Lisa Davis			Vice-President Name Lisa Davis											
Street Address 3018 East Main Rd.			Street Address 3018 East Main Rd.											
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871									
Secretary Name Lisa Davis			Treasurer Name Lisa Davis											
Street Address 3018 East Main Rd.			Street Address 3018 East Main Rd.											
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name N/A			Director Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name N/A			Director Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	No Par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	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 Lisa Davis, President				Date 1-12-2021										
Signature of Authorized Representative														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020