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

FILED
FEB 04 2021
BY 145 DS

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.

1. Entity ID Number	2. Exact name of the Corporation
11389	Parente's Wholesale Fuel Distributors, Inc.

3. Principal Office Address	City	State	Zip
770 Washington Street	Coventry	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
454310	Fuel oil service company.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Lester A. Parente	Marie A. Parente
Street Address: 770 Washington Street	Street Address: 770 Washington Street
City: Coventry, State: RI, Zip: 02816	City: Coventry, State: RI, Zip: 02816
Secretary Name: Marie A. Parente	Treasurer Name: John Parente
Street Address: 770 Washington Street	Street Address: 770 Washington Street
City: Coventry, State: RI, Zip: 02816	City: Coventry, State: RI, Zip: 02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Lester A. Parente	
Street Address: 770 Washington Street	Street Address
City: Coventry, State: RI, Zip: 02816	City, State, Zip
Director Name	Director Name
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
250	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: **Lester A. Parente**

Date: 1-25-21

Signature of Authorized Representative: Lester A. Parente SIGN DOCUMENT HERE

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: 10/2017