



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

FILED

FEB 03 2021

SY

10562

- 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 000066324 | | 2. Exact name of the Corporation MIDTOWN OIL CORPORATION | | | |
| 3. Principal Office Address 275 OLIPHANT LANE | | | City MIDDLETOWN | State RI | Zip 02842 |
| 4. NAICS Code 454310 | | 6. Brief description of the character of business conducted in Rhode Island SALE AND DELIVERY OF FUEL OIL; SALE, SERVICE, INSTALLATION AND REPAIR OF OIL BURNERS AND RELATED EQUIPMENT | | | |
| 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 RICHARD B. SILVIA | | | Vice-President Name RICHARD B. SILVIA | | |
| Street Address 55 JAMES FRANCIS TERRACE | | | Street Address 55 JAMES FRANCIS TERRACE | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| Secretary Name RICHARD B. SILVIA | | | Treasurer Name RICHARD B. SILVIA | | |
| Street Address 55 JAMES FRANCIS TERRACE | | | Street Address 55 JAMES FRANCIS TERRACE | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name RICHARD B. SILVIA | | | Director Name NONE | | |
| Street Address 55 JAMES FRANCIS TERRACE | | | Street Address NONE | | |
| City MIDDLETOWN | State RI | Zip 02842 | City NONE | State NONE | Zip NONE |
| Director Name NONE | | | Director Name NONE | | |
| Street Address NONE | | | Street Address NONE | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| 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 |
| | | 200 | | COMMON | NO PAR VALUE |
| | | | | | |
| 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 RICHARD B. SILVIA | | | | Date X 1/29/2021 | |
| Signature of Authorized Representative X <i>Richard B. Silvia</i> | | | | | |