



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

FEB 17 2021

032944

1. Entity ID Number 86766		2. Exact name of the Corporation Mystic Oil Company, Incorporated												
3. Principal Office Address 19 Jackson Avenue			City Mystic	State CT	Zip 06355									
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island The Retail Sale of Petroleum Products.												
5. State of Incorporation Connecticut														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Peter Zelken			Vice-President Name None											
Street Address 19 Jackson Avenue			Street Address											
City Mystic	State CT	Zip 06355	City	State	Zip									
Secretary Name Peter Zelken			Treasurer Name Peter Zelken											
Street Address 19 Jackson Avenue			Street Address 19 Jackson Avenue											
City Mystic	State CT	Zip 06355	City Mystic	State CT	Zip 06355									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Eric Finkelstein			Director Name James Turner											
Street Address 209 Belmont Avenue			Street Address 17617 Ailanthus Drive											
City Jersey City	State NJ	Zip 07032	City Chesterfield	State MO	Zip 63005									
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,427</td> <td>Stock</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,427	Stock	\$0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1,427	Stock	\$0.00												
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 Peter Zelken				Date 2/8/21										
Signature of Authorized Representative 														