



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 26 2021

163242

1. Entry ID Number 000033167		2. Exact name of the Corporation Phil's Bottled Gas Service Company, Inc.												
3. Principal Office Address 477 Crandall Rd.		City Tiverton		State RI	Zip 02878									
4. NAICS Code 454390	6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, SELL, STORE, AND DELIVER BOTTLED GASES AND SERVICE APPLIANCES AND EQUIPMENT													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Philip J. Viveiros			Vice-President Name Philip J. Viveiros											
Street Address 477 Crandall Rd.			Street Address 477 Crandall Rd.											
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878									
Secretary Name Philip J. Viveiros			Treasurer Name Philip J. Viveiros											
Street Address 477 Crandall Rd.			Street Address 477 Crandall Rd.											
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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 ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</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	1000	common	no par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	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 Philip J. Viveiros, President				Date 2/23/21										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov