State of Rhode Island

Department of State - Business Services Division

FILED
FEB 26 2021
16324

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		
000033167	Phil's Bottled Gas Service Company, Inc.		
3. Principal Office Address	City	State	Zip
477 Crandall Rd.	Tiverton	RI	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 ☐

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	Date
Philip J. Viveiros, President	2/23/21

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