RI SOS Filing Number: 202193337400 Date: 3/1/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

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.

STAMP

FOR SECRETARY OF STATE USE ONLY

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR -1 A 8:48

1. Entity ID Number	2. Exact name of the Corporation		
000096915	Construct Oil Company, Inc.		
3. Principal Office Address	City	State	Zip
27 Dexter Road	East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
454310	Sales and delivery of petroleum products		
5. State of Incorporation			
Massachusetts			

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

President Name	Street Address	City	State	Zip
Richard Workman	77 Second Street	Somerville	MA	08876

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Mark O'Leary	27 Dexter Road	East Providence	RI	02914

Treasurer Name	Street Address	City	State	Zip
Mark O'Leary	27 Dexter Road	East Providence	RI	02914

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
500	Common	$500.00

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	Date
Richard Workman	2-10-21

Signature of Authorized Representative

X [signature]

SIGN DOCUMENT HERE

FILED
MAR 01 2021
BY [signature]
8:48

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