



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.

STAMP

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1. Entity ID Number 35188		2. Exact name of the Corporation VOIC, Inc.			
3. Principal Office Address 264 Putnam Pike			City Smithfield	State RI	Zip 02917
4. NAICS Code 228220		6. Brief description of the character of business conducted in Rhode Island Sales of home heating oil and related services			
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 Edward T. Cardarelli			Vice-President Name Edward T. Cardarelli		
Street Address 264 Putnam Pike			Street Address 264 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Timothy Carlton			Treasurer Name Edward T. Cardarelli		
Street Address 264 Putnam Pike			Street Address 264 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward T. Cardarelli			Director Name N/A		
Street Address 264 Putnam Pike			Street Address		
City Smithfield	State RI	Zip 02917	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	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 Edward T. Cardarelli					Date 2-25-21
Signature of Authorized Representative <i>Edward T. Cardarelli Pres.</i>					

FILED ^m

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020