



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAR 01 2021

BY

1. Entity ID Number 000434		2. Exact name of the Corporation CLEROY INC.	
3. Principal Office Address 5 UPPER TERRANCE CIRCLE		City WAKEFIELD	State RI
		Zip 02879	
4. NAICS Code 454310	6. Brief description of the character of business conducted in Rhode Island OIL & GAS MINERAL ROYALTY COM.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ALICIA J. CLEGG		Vice-President Name NANCY-ANN WRIGHT	
Street Address 70 QUANADUCK ROAD		Street Address 3068 WEST 77TH STREET	
City STONINGTON	State CT	City TULSA	State OK
Zip 02921		Zip 74132	
Secretary Name PATRICIA DELANEY HART		Treasurer Name NANCY-ANN WRIGHT	
Street Address 70 FARMINGTON DR.		Street Address 3068 WEST 77TH STREET	
City WOODSTOCK	State GA	City TULSA	State OK
Zip 30188		Zip 74132	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ALICIA J. CLEGG		Director Name MARILYNN DUGAN HISH	
Street Address 70 QUANADUCK ROAD		Street Address 2630 VIKING DRIVE	
City STONINGTON	State CT	City OAK HILL	State VA
Zip 06378		Zip 20171	
Director Name PATRICIA DELANEY HART		Director Name	
Street Address 70 FARMINGTON DR.		Street Address	
City WOODSTOCK	State GA	City	State
Zip 30188		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		600	
		CAP STOCK	
		COMMON	
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 NANCY-ANN WRIGHT			Date 2/12/21
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