



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAR -9 PM 3:41

1. Entity ID Number 59110		2. Exact name of the Corporation HILL SUBURBAN PROPRANE, INC	
3. Principal Office Address 100 OCEAN AVE, Box 237		City BLOCK ISLAND	State RI
4. NAICS Code 454310		Zip 02807	
5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island PROPANE SALES + SERVICE			
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name PETER McNERNEY		Vice-President Name	
Street Address 2 ME AMY DADDE LN, Box 172		Street Address	
City Block Island	State RI	City	State
Zip 02807		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <input type="checkbox"/> Check the box to indicate an attachment			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES CAPITAL
		PAR VALUE 0	
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 PETER McNERNEY		Date 3/9/21	
Signature of Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

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BY JDFAR

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FORM 600 - Revised: 09/2020