



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.

FILED
 MAR 09 2021
 9687

1. Entity ID Number 35868		2. Exact name of the Corporation WESCO OIL COMPANY			
3. Principal Office Address 113 Pineledge Road			City Greenville	State RI	Zip 02828
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island To conduct business as an oil distributor.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Chad Sirois			Vice-President Name N/A		
Street Address 113 Pineledge Road			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Chad Sirois			Treasurer Name Chad Sirois		
Street Address 113 Pineledge Road			Street Address 113 Pineledge Road		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Chad Sirois			Director Name		
Street Address 113 Pineledge Road			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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/STRIKES	PAR VALUE
		2000		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 Chad Sirois					Date 3-2-2021
Signature of Authorized Representative SIGN DOCUMENT HERE					

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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Assistant Secretary:

Andrew Sirois
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Glocester, RI 02814