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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BUS SVCS DIV
2021 OCT 25 P 3:1

STAMP

1. Entity ID Number	2. Exact name of the Corporation		
000157701	Hop Energy Holdings, Inc		
3. Principal Office Address	City	State	Zip
4 west Red Oak Lane	White Plains	NY	10604
4. NAICS Code: 454310	6. Brief description of the character of business conducted in Rhode Island: Sales of Heating oil		
5. State of Incorporation: DE			

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

President Name	Vice-President Name
Michael Anton	
Street Address: 50 Oak Drive	Street Address:
City: Roseland / State: NJ / Zip: 07068	City: / State: / Zip:
Secretary Name:	Treasurer Name: Brian Chartier
Street Address:	Street Address: 4 west Red Oak Lane
City: / State: / Zip:	City: White Plains / State: NY / Zip: 10604

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

Director Name	Director Name
Matthew Costantino	Joseph SEDEYE
Street Address: 120 5th Ave	Street Address: 120 5th Ave
City: New York / State: NY / Zip: 10011	City: New York / State: NY / Zip: 10011
Director Name: Will DeBruyn	Director Name: Steve Zambito
Street Address: 130 5th Ave	Street Address: 177 South Road
City: New York / State: NY / Zip: 10011	City: Old Greenwich / State: CT / Zip: 06870

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
854	Comm	.0001

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
John Mullin	10/15/21
Signature of Authorized Representative	

FILED
OCT 25 2021
50881
A.A. 3:13 P.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

FORM 630 - Revised: 08/2020