RI SOS Filing Number: 202209296040 Date: 2/2/2022 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2022 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number		2. Exact name of the Corporation					
001661280 SOLVENTS AND PETROLEUM SERVICE INC.							
3. Principal Office Address			City		State	Zip	
1405 BREWERTON ROAD			SYRACUSE	<u> </u>	NY	13208	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
424600	SOLVEN	SOLVENTS/RECLAIMED GLYCOL					
5. State of Incorporation							
NY							
7. List ALL officers (names an	d addresses)	· · · · · · · · · · · · · · · · · · ·	100		ne box to indi	cate an attachment	
President Name PHILIP JAKES-JOHNSON			Vice-President Name				
Street Address 4606 WEST LAKE ROAD			Street Address				
^{City} AUBURN	State NY	^{Zīp} 13021	City		State	Zip	
Secretary Name AMY JAKES-JOHNSON			Treasurer Name				
Street Address 4606 WEST LAKE ROAD			Street Address				
City SYRACUSE	State NY	^{Zip} 13021	City		State	Zip	
8. List ALL directors (names a	nd addresses)			Check th	ne box to indi	cate an attachment	
Director Name		<u>-</u>	Director Name				
Street Address			Street Address				
			Sueet Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zip	
Shares Authorized 1		10. Shares Iss	10. Shares Issued Chec		ck the box to indicate an attachment		
This information is currently of record in the			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		200			0		
11. This report must be execu	ted on behalf of the	corporation by an	authorized represents	ative. If the comer	tion is in the	hands of a massiver or	
trustee, this report must be ex					שיט ווו צו ווטטופ	nanos or a receiver or	
Under penalty of perjury, I d	eclare and affirm	that I have examin	ed this report, inclu	ding any accomp	anying sche	edules and	
statements, and that all stat		herein are true ar	id correct.	<u> </u>	Ta .		
Name of Authorized Representative Date						1	
PHILIP JAKES-JOHN			1/25	12022			
Signature of Authorized Repre	esentative				· · · · · · · · · · · · · · · · · · ·		

MAIL TO:

Division of Business Services'

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

Phone: (401) 222-3040 Website: www.sos.ri.gov