



State of Rhode Island

Department of State - Business Services Division

FILEDAnnual 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.

MAY 04 2022
BY 28537
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1. Entity ID Number 000035868		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 None		
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/SERIES		
			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 4/26/2022
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

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Assistant Secretary:

Andrew Sirois
724 Chestnut Hill Road
Glocester, RI 02814

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