



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED
 FEB 06 2023
 BY 3535 *FG*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000488194		2. Exact name of the Corporation ADVANTAGE PETROLEUM, INC			
3. Principal Office Address 415 WEST ST			City W. BRIDGEWATER	State MA	Zip 02379
4. NAICS Code 424720		6. Brief description of the character of business conducted in Rhode Island RESELLING GASOLINE AND DIESEL FUELS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ARTHUR DAUWER			Vice-President Name		
Street Address 16 NORTHEY FARM ROAD			Street Address		
City SCITUATE	State MA	Zip 02066	City	State	Zip
Secretary Name NICHOLAS DINATALE			Treasurer Name JOHN P NOONAN		
Street Address 45 SUGAR CANE LANE			Street Address 415 WEST ST		
City ANDOVER	State MA	Zip 01845	City W. BRIDGEWATER	State MA	Zip 02379
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ARTHUR DAUWER			Director Name JOHN P NOONAN		
Street Address 16 NORTHEY FARM ROAD			Street Address 415 WEST ST		
City SCITUATE	State MA	Zip 02066	City W. BRIDGEWATER	State MA	Zip 02379
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
			15000	COMMON	
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 <i>John Peter Noonan</i>					Date 1/31/23
Signature of Authorized Representative <i>John Peter Noonan</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov