



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

FEB 14 2023

BY 24916 DS

1. Entity ID Number 16400		2. Exact name of the Corporation HELGERS-UNITED OIL COMPANY			
3. Principal Office Address 136 MAIN ROAD		City TIVERTON		State RI	Zip 02878
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN AND CONDUCT A FUEL OIL BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALFRED A. HELGER JR.			Vice-President Name TERESA L. HELGER		
Street Address 136 MAIN ROAD			Street Address 136 MAIN ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name TERESA L. HELGER			Treasurer Name TERESA L. HELGER		
Street Address 136 MAIN ROAD			Street Address 136 MAIN ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALFRED A. HELGER JR.			Director Name TERESA L. HELGER		
Street Address 136 MAIN ROAD			Street Address 136 MAIN ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Director Name N/A			Director Name N/A		
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		
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 TERESA L. HELGER, VICE PRESIDENT/SECRETARY.TREASURER					Date 2-9-23
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

FORM 630 - Revised: 11/2021