



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

APR 06 2023

BY 14410

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1. Entity ID Number 60995		2. Exact name of the Corporation Reichert & Son Fuel Oil, Inc.												
3. Principal Office Address 210 Old Snake Hill Road			City Chepachet	State RI	Zip 02814									
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island to engage in the business of wholesale and retail distribution of petroleum products												
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 William E. Reichert			Vice-President Name Donna L. Reichert											
Street Address 210 Old Snake Hill Road			Street Address 210 Old Snake Hill Road											
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814									
Secretary Name None			Treasurer Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>8,000</td> <td>Common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8,000	Common	no par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
8,000	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 William E. Reichert					Date 3-23-23									
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