



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

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
 RECEIVED
JAN 31 2024
 BY: *[Signature]*

1. Entity ID Number 85217		2. Exact name of the Corporation Rambone & Sprague Oil Service Inc.			
3. Principal Office Address 1024 Danielson Pike			City North Scituate	State RI	Zip 02857
4. NAICS Code 423720		6. Brief description of the character of business conducted in Rhode Island Oil sales and service.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward F. Rambone, Jr.			Vice-President Name Edward F. Rambone, Jr.		
Street Address P.O. Box 51			Street Address P.O. Box 51		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Barbie J. Rambone			Treasurer Name Justin Rambone		
Street Address P.O. Box 51			Street Address P.O. Box 51		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward F. Rambone, Jr.			Director Name		
Street Address P.O. Box 51			Street Address		
City North Scituate	State RI	Zip 02857	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	
		100		Common	
				PAR VALUE	
				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 Edward F. Rambone, Jr.				Date 1-24-24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov