



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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Corporation

- 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 <b>000011010</b>	2. Exact name of the Corporation <b>East Greenwich Oil Co. Inc.</b>
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3. Principal Office Address <b>390 Main Street</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
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4. NAICS Code <b>454310</b>	6. Brief description of the character of business conducted in Rhode Island <b>Heating oil delivery. Heating system maintenance, repair, installation.</b>
5. State of Incorporation <b>RI</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Stephen A. deLisle</b>		Vice-President Name	
Street Address <b>58 Wanton Shippee Rd.</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City
Secretary Name <b>Joyce L. deLisle</b>		Treasurer Name	
Street Address <b>398 Main Street</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Frederick J. Tarbox Sr.</b>		Director Name	
Street Address <b>390 Main Street (Apt 3)</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>100</b>	<b>NO PAR</b>	<b>\$0.00</b>

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 <b>Stephen A. deLisle</b>	Date <b>1/24/2024</b>
Signature of Authorized Representative 	

MAIL TO:  
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