



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 20 2024

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.

BY

[Signature]

1. Entity ID Number 4314		2. Exact name of the Corporation CLEROY INC.			
3. Principal Office Address 1291 NARRAGANSETT BLVD #5		City Cranston		State RI	Zip 02905
4. NAICS Code U5310		6. Brief description of the character of business conducted in Rhode Island OIL & GAS MINERAL ROYALTY OWNER			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name PATRICIA D. HART			Vice-President Name Alicia J. Clegg		
Street Address 120 ANN MARY BROWN DR			Street Address 70 QUANADUCK RD		
City WARWICK	State RI	Zip 02888	City STONINGTON	State CT	Zip 06378
Secretary Name TAMMY BEARDEN			Treasurer Name MARILYN D. HISH		
Street Address 13621 S 285TH E AVE			Street Address 2630 VIKING DR		
City COWETA	State OK	Zip 74429	City OAK HILL	State VA	Zip 20171
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name PATRICIA D. HART			Director Name Alicia J. Clegg		
Street Address 120 ANN MARY BROWN DR			Street Address 70 QUANADUCK RD		
City WARWICK	State RI	Zip 02888	City STONINGTON	State CT	Zip 06378
Director Name MARILYN D. HISH			Director Name		
Street Address 2630 VIKING DR			Street Address		
City OAK HILL	State VA	Zip 20171	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			600	CAP STOCK	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 PATRICIA D. HART					Date 2/12/24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov