State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 07 2024

BY 52360

Annual Report for the year: 2024

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000794627	SEASIDE FUEL, INC.

3 Principal Office Address	City	State	Zip
81 POINT AVENUE	WAKEFIELD	RI	02879

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
454310	SALE OF DIESEL FUEL
5 State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
CHRISTOPHER ROEBUCK	TIMOTHY CARROLL
Street Address: 81 POINT AVENUE	Street Address: 50 LEDGE ROAD
City: WAKEFIELD, State: RI, Zip: 02879	City: WAKEFIELD, State: RI, Zip: 02879
Secretary Name	**Treasurer Name**
TIMOTHY CARROLL	CHRISTOPHER ROEBUCK
Street Address: 50 LEDGE ROAD	Street Address: 81 POINT AVENUE
City: WAKEFIELD, State: RI, Zip: 02879	City: WAKEFIELD, State: RI, Zip: 02879

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CWP	.01

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	Date
CHRISTOPHER D. ROEBUCK	3/1/2024

Signature of Authorized Representative: SIGN DOCUMENT HERE

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: 10/2017