RI SOS Filing Nu	ımber: 20244	₊9579220 Г	Jate: 3/2	27/2024 9:37 <u>:00</u> <u>/</u>	<u>AM</u>		=	
State of Rhode Islam Department of St	tate - Busine	ess Services	: Divisio	on <sub>FILED</sub>		REC'D '24 MAR	1	
Annual Report for the year: Corporation	2024			·	1	(27)	J ♣	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00			MAR <b>27</b> 2024 $\mathcal{C}_{\alpha, \gamma}$ $\mathcal{C}_{\beta, \beta}$					
Penalty: Additional \$25.00	fee if form is not	filed by May 31.	BY_	7 Y TIKE		- 40	<del></del>	
001709057		2. Exect name of the Corporation KPI OceanConnect, Inc.						
<ol> <li>Principal Office Address</li> <li>116 Chestnut Street, Suite</li> </ol>	- 200	_	City		State		Zip	
4. NAICS Code			l l	Bank	]ил	1	07701	
454310	6. Brief descript Reseller of	tion of the charact Marine Fuel a	ter of busin	ness conducted in Rho Lubricants	de Island			
5. State of Incorporation DE	]							
7. List ALL officers (names and add	dresses)			Check th	he hox to in	dicate an a	attachment 🗆	
Brian Coyne		<del></del>	Vice-Pre	esident Name	0 000	Modio un u.	(MUIIIIIIIIII	
Street Address 116 Chestnut Street, Suite 300			Street Ac	Street Address				
City Red Bank	State NJ	<sup>Zip</sup> 07701	City		State	,——	Zip	
Street Address	Secretary Name Ian G. Sharpe			ar Name lan G. Shar	<u></u> rpe			
Street Address 116 Chestnut St	treet. Suite 3	<b>100</b>	Street Ad	ddmaa		2		
City Red Bank	State NJ	<sup>Zip</sup> 07701	City Re	ed Bank	IState		Zip 07701	
Ulfector Name	5. List ALL directors (names and addresses) Director Name			Check the		_	ttachment 🗆	
Anders Gronboro	Director N	lame						
Street Address Turbinevej 10			Street Add	Street Address				
ivilddelfart, Denmark	State	Zip	City		State		Zip	
Director Name		<u></u>	Director N	Vame		<del></del>		
Street Address								
			Street Add	Iress				
City  9. Shares Authorized	State	Zip	City		State		Zip	
his information is currently of record	1 in the	10. Shares Issue	ed	Check the	box to ind	icate an at	ttachment [	
epartment of State. hanges require an additional filing.		400	MAKES	Ordinary	IES	\$100	PAR VALUE	
_		_	1					
1. This report must be executed on leiver or trustee, this report must be inder penalty of perjury, I declare tatements, and that all statements	and affirm that I	I have over-land	ter	presentative. If the correceiver or trustee.	poration is i	in the hand	s of a re-	
tatements, and that all statements lame of Authorized Representative	s contained here	ein are true and	tnis report corr <u>ect.                                    </u>	t, including any acco	mpanying	schedule	s and	
an G. Sharpe					Date Mar 2	26, 2024	 1	
ignature of Authorized Representation	ve		<del></del>				<del></del>	

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov