- **** -					-			
State of Rhode Island Department of State - Business Services Division FILED					λό Α.20 ₩			
Annual Report for the year:	ઇtate - Busir - ૧૦૧⊿	ness Services	3 Divisio	on _{FILED}		ECO		
Corporation				···= ## ###	\sim	27 a		
→ Filing period: February 1 → Filing Fee: \$50.00	- May 1	•		MAR 27 2024 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
→ Penalty: Additional \$25.00	0 fee if form is n	ot filed by May 31	1. BY			3SD :29:		
r. Entity IU Number	Exact name	2. Exact name of the Corporation						
001709057	KPI Oce	KPI OceanConnect, Inc.						
 Principal Office Address 116 Chestnut Street, Suit 	4- 200		City	Sales Elp				
4. NAICS Code		· · · · · ·	l l	Bank	NJ	,	07701	
454310	6. Briet descri	iption of the charac	cter of busin	ness conducted in Rho	ode Island			
5. State of Incorporation	- Kesellei O	of Marine Fuel	and or L	nd or Lubricants				
DE								
7. List ALL officers (names and ad	ddresses)			Chank	5 4 1 4 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·	
President Name Brian Coyne			Vice-Pre	Check the sident Name	he box to ind	licate an at	tachment L	
Street Address 116 Chestnut S	Street Address 116 Chestnut Street, Suite 300			ddress			 _	
Red Bank	State NJ	^{Zip} 07701	City		State		Zip	
Secretary Name Ian G. Sharpe	Secretary Name Ian G. Sharpe			er Name lan G. Sha	L irpe			
116 Chestnut S	Street Address 116 Chestnut Street, Suite 300			ddress 116 Chestni	<u> </u>	Suite 3		
City Red Bank	State NJ	^{Zip} 07701	City Re	ed Bank	State		Zip 07701	
8. List ALL directors (names and ac Director Name				Check th	ne box to indi			
Anders Gronboi	rg		Director N	vame				
Street Address Turbinevej 10			Street Add	dress				
^{City} Middelfart, Denmark	State	Zip	City		State		Zip	
Director Name			Director N	Vame			<u> </u>	
Street Address		Street Add	drace					
City	State	Test .				<u>-</u>		
	Oldio-	Zip	City		State		Zip	
his information is currently of record	ed in the	10. Shares Issue	ied	Check th	e box to indi	icate an att	achment _	
repartment of State.		NUMBER OF S	SHARES	T CLASS/SE/	RIES		PAR VALUE	
hanges require an additional filing.				Ordinary		\$100	<u> </u>	
 This report must be executed on eiver or trustee, this report must be 	n behalf of the co	orporation by an au	ithorized rer	presentative. If the co-		· Als hand		
inder penalty of periury, I declare	ne and affirm that	of I have averal	acon by ulo i	receiver or trustee. rt, including any acc	omosnying	1 Me Harius echadule:	\$ 01 8 re-	
ame of Authorized Representative	<u>ts containea ne</u>)	rein are true and	correct.				· anu	
an G. Sharpe					Date Mar 2	26, 2024	i	
ignature of Authorized Representat	tive							

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