



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED ⁹⁻³⁵

MAR 27 2024

BY RKDRB

REC'D RIDOS BSD
24 MAR 27 AM 9:25:11

1. Entity ID Number 001709057	2. Exact name of the Corporation KPI OceanConnect, Inc.
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3. Principal Office Address 116 Chestnut Street, Suite 300		City Red Bank	State NJ	Zip 07701
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4. NAICS Code 454310	6. Brief description of the character of business conducted in Rhode Island Reseller of Marine Fuel and or Lubricants
5. State of Incorporation DE	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian Coyne			Vice-President Name		
Street Address 116 Chestnut Street, Suite 300			Street Address		
City Red Bank	State NJ	Zip 07701	City	State	Zip
Secretary Name Ian G. Sharpe			Treasurer Name Ian G. Sharpe		
Street Address 116 Chestnut Street, Suite 300			Street Address 116 Chestnut Street, Suite 300		
City Red Bank	State NJ	Zip 07701	City Red Bank	State NJ	Zip 07701

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anders Gronborg			Director Name		
Street Address Turbinevej 10			Street Address		
City Middelfart, Denmark	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 <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	400	Ordinary	\$100

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 Ian G. Sharpe	Date Mar 26, 2024
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Signature of Authorized Representative

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