



State of Rhode Island
Department of State - Business Services Division

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.

STAMP
 REC'D RIDG 15 851
 APR 10 11:33
 FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 1707310		2. Exact name of the Corporation Phenix Oil, Inc.			
3. Principal Office Address 45 Ames Street			City Coventry	State RI	Zip 02910
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island Fuel dealer, including heating oil.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph M. Dessert			Vice-President Name		
Street Address 45 Ames Street			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Joseph M. Dessert			Treasurer Name Joseph M. Dessert		
Street Address 45 Ames Street			Street Address 45 Ames Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/STKLS	
		1000		Common	
				PAR VALUE	
				no par value	
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 Joseph M. Dessert					Date 3-4-2024
Signature of Authorized Representative 					FILED

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

APR 10 2024
BY ML 33264