ge.	State of Rhode Island Department of State - Business Services Division							STAMP		
Annual Report for the year: 2024							4 A R			
Corporation ————————————————————————————————————							BLERETARY OF STATE			
→ Filing Fee: 3	\$50.00		ot filed by May 31.) RID		
1. Entity ID Numbe			e of the Corporation					25.		
1707310 Phenix Oil, Inc.								8SE 1:35		
3. Principal Office /	Address	City		State		Zip,5				
45 Ames Stre	et			Cover	ntry	RI		02910		
4. NAICS Code	4. NAICS Code 6. Brief description				n of the character of business conducted in Rhode Island					
454310 Fuel dealer, including h				eating oil						
5. State of Incorpor	ation	1 00,000	or, including ne	Juling Oil.						
Ri		1								
7. List ALL officers	(names and add	resses)			Check the	box to indi	cate an att	achment 🔲		
President Name Joseph M. Dessert				Vice-President Name						
Street Address 45 Ames Street				Street Address						
City Coventry		State RI	^{Zip} 02816	City		State				
Secretary Name Jo	seph M. Des	Treasurer Name Joseph M. Dessert								
Street Address 45	Ames Street	Street Address 45 Ames Street								
City Coventry	Coventry State RI		^{Zip} 02816	City Cov	Coventry		State RI			
8. List ALL director	s (names and ac			e box to indi	cate an att	Zip 02816 achment □				
Director Name		Director Name								
Street Address				Street Address						
City		State	Zıp	City	City			Zip		
Director Name			<u> </u>	Director N	Director Name			<u>1</u>		
Street Address				Street Address						
City		State	Zıp	City		State	· · · ·	Zip		
9. Shares Authorized			10. Shares Issu			ne box to indicate an attachment				
This information is currently of record in the Department of State.			NUMBER OF	SHARES			PAR VALUE			
Changes require an additional filing.			1000		Common	Common no par va		value		
Changes require an	additional filing.									
					oresentative. If the co	rporation is	in the hand	ds of a re-		
			behalf of the corpor		receiver or trustee. rt, including any acc	omoanvini	rschodule	s and		
statements, and t	hat all stateme	nts contained	herein are true and			Date	, acricadie			
Name of Authorized Representative										
Joseph M. De	essert					1.5	-4/2 Ju	924		

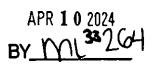
MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni gov



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