



**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.

FILED
APR 12 2024
BY *[Signature]* 4/12/24

1. Entity ID Number 85553		2. Exact name of the Corporation HERITAGE OIL, INC.			
3. Principal Office Address 3018 EAST MAIN ROAD			City PORTSMOUTH	State RI	Zip 02871
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island TO SELL HEATING OIL & DIESEL OIL & TO PROVIDE SERVICES & MAINTENANCE OF HOME AND DIESEL HEATING SYSTEMS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LISA DAVIS			Vice-President Name LISA DAVIS		
Street Address 3018 EAST MAIN ROAD			Street Address 3018 EAST MAIN ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name LISA DAVIS			Treasurer Name LISA DAVIS		
Street Address 3018 EAST MAIN ROAD			Street Address 3018 EAST MAIN ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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		PAR VALUE
			100	COMMON	NO PAR
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 LISA DAVIS, PRESIDENT				Date 4-9-24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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