



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 <b>85553</b>			2. Exact name of the Corporation <b>HERITAGE OIL, INC.</b>		
3. Principal Office Address <b>3018 EAST MAIN ROAD</b>			City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>454310</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO SELL HEATING OIL &amp; DIESEL OIL &amp; TO PROVIDE SERVICES &amp; MAINTENANCE OF HOME AND DIESEL HEATING SYSTEMS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LISA DAVIS</b>			Vice-President Name <b>LISA DAVIS</b>		
Street Address <b>3018 EAST MAIN ROAD</b>			Street Address <b>3018 EAST MAIN ROAD</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
Secretary Name <b>LISA DAVIS</b>			Treasurer Name <b>LISA DAVIS</b>		
Street Address <b>3018 EAST MAIN ROAD</b>			Street Address <b>3018 EAST MAIN ROAD</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>
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 <b>LISA DAVIS, PRESIDENT</b>					Date <b>4-9-24</b>
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

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