



**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.

REC'D RIDOS BSO  
24 APR 16 PM 2:41:32

1. Entity ID Number <u>001692071</u>		2. Exact name of the Corporation <u>1st Choice Fuel Inc</u>	
3. Principal Office Address <u>3 Pleasure Dr</u>		City <u>Cranston</u>	State <u>R.I.</u>
4. NAICS Code <u>L551310</u>		6. Brief description of the character of business conducted in Rhode Island <u>oil delivery</u>	
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Joshua Valentini</u>		Vice-President Name	
Street Address <u>3 Pleasure Dr</u>		Street Address	
City <u>Cranston</u>	State <u>R.I.</u>	Zip <u>02921</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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
		<u>0</u>	<u>0</u>
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. <b>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.</b>			
Name of Authorized Representative <u>Joshua Valentini</u>		Date <u>4-16-24</u>	
Signature of Authorized Representative 		FILED <u>2421</u>	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 16 2024  
BY HT62S  
FORM 630- Revised: 12/2023