RI SOS Filing Number: 202451396480 Date: 4/17/2024 4:00:00 PM

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.

2024 APR 17 P 2:23 RECD RICOS GSD

1. Entity ID Numbe	2. Exact name of the Corporation
000083155	Taylor Oil Northeast, Inc.

3. Principal Office Address	City	State	Zip
176 Centre Street	Holbrook	MA	02343

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
454310	Sales of Gas & Oil
5. State of Incorporation: MA	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Richard Workman	David M. Taylor
Street Address: PO Box 974	Street Address: PO Box 974
City: Somerville, State: NJ, Zip: 08876	City: Somerville, State: NJ, Zip: 08876
Secretary Name	**Treasurer Name**
Jodi Granduke	David M. Taylor
Street Address: PO Box 974	Street Address: PO Box 974
City: Somerville, State: NJ, Zip: 08876	City: Somerville, State: NJ, Zip: 08876

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	no par value
Changes require an additional filing.			

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	Date
Richard Workman	
Signature of Authorized Representative	

FILED
APR 17 2024
BY 4862

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

FORM 630- Revised 12/2023