



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.

REC'D RHODES ESU
APR 17 11:23 AM '24

1. Entity ID Number 000083155		2. Exact name of the Corporation Taylor Oil Northeast, Inc.			
3. Principal Office Address 176 Centre Street		City Holbrook		State MA	Zip 02343
3. NAICS Code 454310	4. Brief description of the character of business conducted in Rhode Island Sales of Gas & Oil				
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Workman			Vice-President Name 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 Jodi Granduke			Treasurer Name 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 <input type="checkbox"/>					
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 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	no par value	
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 Richard Workman					Date
Signature of Authorized Representative					FILED

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

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