



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Limited Liability Company**

- Filing period: February 1 - May 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                                                                                                                                                                                                |  |                                                                                                                                                                                              |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>000157742                                                                                                                                                                               |  | 2. Exact name of the Limited Liability Company<br>HOP Energy, LLC                                                                                                                            |             |
| 3. NAICS Code<br>454310                                                                                                                                                                                        |  | 4. Brief description of the character of business conducted in Rhode Island<br>HOME HEATING OIL DELIVERY; MOTOR FUEL SALES; SERVICE AND INSTALLATION OF HEATING AND AIR CONDITIONING SYSTEMS |             |
| 5. State of Formation<br>Delaware                                                                                                                                                                              |  |                                                                                                                                                                                              |             |
| 6. Principal Office Address<br>4 INTERNATIONAL DRIVE, SUITE 210                                                                                                                                                |  | City<br>RYE BROOK                                                                                                                                                                            | State<br>NY |
|                                                                                                                                                                                                                |  | Zip<br>10573                                                                                                                                                                                 |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                                                                              |             |
| Contact Name<br>JOHN MOELLER                                                                                                                                                                                   |  | Contact Title<br>Tax Manager                                                                                                                                                                 |             |
| Street Address<br>4 INTERNATIONAL DRIVE, SUITE 210                                                                                                                                                             |  | City<br>RYE BROOK                                                                                                                                                                            | State<br>NY |
|                                                                                                                                                                                                                |  | Zip<br>10573                                                                                                                                                                                 |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                                                                              |             |
| 9. <i>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.</i> |  |                                                                                                                                                                                              |             |
| Name of Authorized Person<br>Andrew Repinc                                                                                                                                                                     |  | Date<br>9/6/2024                                                                                                                                                                             |             |
| Signature of Authorized Person<br>                                                                                                                                                                             |  |                                                                                                                                                                                              |             |

**FILED**

SEP 09 2024  
 BY Vd51E  
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**MAIL TO:**  
**Division of Business Services**  
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