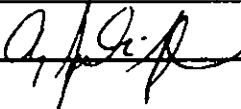


State of Rhode Island
Department of State - Business Services Division

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.

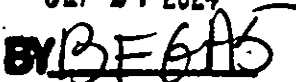
RECEIVED
R.I. DEPT OF STATE
BUS SVCS DIV
2024 SEP 27 P 12:29

1. Entry ID Number 001661280		2. Exact name of the Corporation SOLVENTS AND PETROLEUM SERVICE INC.			
3. Principal Office Address 1405 BREWERTON ROAD		City SYRACUSE		State NY	Zip 13208
4. NAICS Code 424600		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation NY		SOLVENS/PETROLEUM			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AMY JAKES-JOHNSON			Vice-President Name PHILIP JAKES-JOHNSON		
Street Address 4606 WEST LAKE ROAD			Street Address 4606 WEST LAKE ROAD		
City AUBURN	State NY	Zip 13021	City AUBURN	State NY	Zip 13021
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		200		0	
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	
Signature of Authorized Representative AMY JAKES-JOHNSON 				9/16/24	

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

FILED

FORM 630 - Revised 12/2023

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