

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

Stamp

Annual Report for the year: 2023
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
 SEP 27 12:28
 RECEIVED
 R.I. DEPARTMENT OF STATE
 BUS SVCS DIV

1. Entity ID Number <u>001661280</u>		2. Exact name of the Corporation <u>Solvents And Petroleum Service, Inc</u>	
3. Principal Office Address <u>1405 Brewster Road</u>		City <u>Spartanburg</u>	State <u>SC</u>
4. NAICS Code <u>424600</u>	6. Brief description of the character of business conducted in Rhode Island <u>Solvents/reclaimed glycol</u>		
5. State of Incorporation <u>NY</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Philip James - Johnson</u>		Vice-President Name	
Street Address <u>4606 West Lake Road</u>		Street Address	
City <u>Auburn</u>	State <u>NY</u>	Zip <u>13021</u>	
Secretary Name <u>Amy James - Johnson</u>		Treasurer Name	
Street Address <u>4606 West Lake Road</u>		Street Address	
City <u>Auburn</u>	State <u>NY</u>	Zip <u>13021</u>	
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	
Director Name		Director Name	
Street Address		Street Address	
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 <u>200</u>	CLASS/SERIES <u>0</u>
			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 <u>Philip James - Johnson</u>		Date <u>9/16/2024</u>	
Signature of Authorized Representative <u>Philip James - Johnson</u>			

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

SEP 27 2024
 BY REGAS
 AA. 12:30 PM

FORM 630 - Revised: 12/2023