State of Rhode Island
Department of State - Business Services Division

FILED
JAN 29 2025 STAMP
BY 31000 FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2025
Corporation

→ 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	2. Exact name of the Corporation		
000008881	SAVARD OIL COMPANY		
3. Principal Office Address	City	State	Zip
29 Whelden Avenue	East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
454310	Retail Oil Fuel		
5. State of Incorporation			
RI			

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

President Name	Vice-President Name
Leo A. Lusignan	Matthew L. Lusignan
Street Address: 30A Moosup Valley Road	Street Address: 30B Moosup Valley Road
City: Foster, State: RI, Zip: 02825	City: Foster, State: RI, Zip: 02825
Secretary Name: Joanna M. Lusignan	Treasurer Name: Leo A. Lusignan
Street Address: 30A Moosup Valley Road	Street Address: 30A Moosup Valley Road
City: Foster, State: RI, Zip: 02825	City: Foster, State: RI, Zip: 02825

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

Director Name	Director Name
Joseph L. Lusignan	Matthew L. Lusignan
Street Address: 30A Moosup Valley Road	Street Address: 30B Moosup Valley Road
City: Foster, State: RI, Zip: 02825	City: Foster, State: RI, Zip: 02825
Director Name: Leo A. Lusignan	Director Name: Joanna M. Lusignan
Street Address: 30A Moosup Valley Road	Street Address: 30A Moosup Valley Road
City: Foster, State: RI, Zip: 02825	City: Foster, State: RI, Zip: 02825

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300	common	

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
Leo A. Lusignan	1/19/2025

Signature of Authorized Representative

Leo A. Lusignan

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