



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 21 2025

BY

12194

1. Entity ID Number 000085553		2. Exact name of the Corporation HERITAGE OIL, INC.	
3. Principal Office Address 3018 EAST MAIN ROAD		City PORTSMOUTH	State RI
		Zip 02871	
4. NAICS Code 454310	6. Brief description of the character of business conducted in Rhode Island TO SELL HEATING OIL & DIESEL OIL & TO PROVIDE SERVICES & MAINTENANCE OF HOME AND DIESEL HEATING SYSTEMS		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LISA DAVIS		Vice-President Name LISA DAVIS	
Street Address 3018 EAST MAIN ROAD		Street Address 3018 EAST MAIN ROAD	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
Secretary Name LISA DAVIS		Treasurer Name LISA DAVIS	
Street Address 3018 EAST MAIN ROAD		Street Address 3018 EAST MAIN ROAD	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	COMMON
			NO PAR
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 LISA DAVIS, PRESIDENT			Date 3/18/25
Signature of Authorized Representative 			

MAIL TO:

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