RI SOS Filing Number: 202578214870 Date: 9/15/2025 4:00:00 PM

State of Rhode Island

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov

Department of State - Business Services Division

Annual Report for the y Corporation → Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00		May 31.					RECEIV R.I. DEPT. O. BUS SVC 2025 SEP 15	1	
1. Entity ID Number	2. Exact name of t	se Comoration							
1	1	SOLVENTS AND PETROLEUM SERVICE INC.							
3. Principal Office Address	SOLVENTS	AND PETROLE	1	VICE INC.		State			
1405 BREWERTON ROAD			City	•			Zip		
4. NAICS Code				SYRACUSE			13208		
	6. Bhei description	of the character of bus	aness condu	cted in Rhode Island					
424600									
5. State of Incorporation	}							i	
NY	SOLVENS/P								
7. List ALL officers (names a				Ci	neck the box	to indic	ate an attachment		
President Name			Vice-Presi	dent Name				-4-4	
AMY JAKES-JOHNSON				PHILIP JAKES-JOHNSON					
Street Address				Street Andress					
4606 WEST LAKE ROAD				4606 WEST LAKE ROAD					
City	State Z	P	City		State		Zip		
AUBURN	NY	13021	AUBUI	RN	NY	ł	13021		
Secretary Name		Treasurer Name							
1									
Street Address			Street Address						
City	State Z	P	City		State	T	Zip		
8. List ALL directors (names a	and addresses)		1			4- 1- #			
Director Name				Check the box to indicate an attachment Director Name					
			Unector N	атте				i	
Street Address			Street Address						
City	State Z		City		State	I	Zip		
		•	J		Capito	ļ	C \$	- 1	
Director Name		Oirector Name							
Street Address				Street Address					
			SUBEL AUX	1622				ļ	
City	State Z	p	City		State		Zφ		
9. Shares Authorized	·	10. Shares Issued		Ch	edk the how	to indica	na attachment		
This information to present of second to the			Check the box to indicate an attachment						
Department of State.	NUMBER OF SHARES		CLASS/SERIES		γ	PAR VALUE			
Changes require an additional filing.		200				1	0		
 This report must be execute ceiver or trustee, this report me 	<u>ust be executed on beha</u>	If of the corporation by	the receiver	or trustee.					
Under penalty of perjury,	i declare and affirm	that I have examin	ed this re	ort, including any	accompa	nying s	chedules and		
statements, and that all s Name of Authorized Represen	tative //	herein are true an	d correct		Da	ate .	 		
\land	r []/				ļ.	09/	08/25	Į	
Signature of Authorized Repre AMY JAKES-JOHN						~ / 	- 		
MAIL TO:				FILED					
MIAIL IU: Division of Business Reads:	_			LIFE					

FORM 630 - Revised: 12/2023