

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

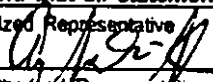
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 SEP 15 AM 11:55

1. Entity 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 ☐							
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 ☐							
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 ☐							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			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 09/08/25	
Signature of Authorized Representative AMY JAKES-JOHNSON							

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 15 2025

BY 6513 AA

FORM 630 - Revised: 12/2023