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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2025 SEP 15 A 11:55

1. Entity ID Number	2. Exact name of the Corporation			
001661280	SOLVENTS AND PETROLEUM SERVICE INC.			
3. Principal Office Address		City	State	Zip
1405 BREWERTON ROAD		SYRACUSE	NY	13208
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
424600				
5. State of Incorporation				
NY	SOLVENS/PETROLEUM			

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

President Name			Vice-President Name		
AMY JAKES-JOHNSON			PHILIP JAKES-JOHNSON		
Street Address			Street Address		
4606 WEST LAKE ROAD			4606 WEST LAKE ROAD		
City	State	Zip	City	State	Zip
AUBURN	NY	13021	AUBURN	NY	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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: [signature] — 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