



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 97162		2. Exact name of the limited liability company HESS ENERGY TRADING COMPANY, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of business conducted in Rhode Island ENERGY & PETROLEUM PRODUCTS WHOLESALE TRADING			
5. Principal office address 1185 AVENUE OF THE AMERICAS		City NEW YORK	State NY	Zip 10036-2601	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DANIEL DEVINE			Contact Title VP & CONTROLLER		
Street Address 1185 AVENUE OF THE AMERICAS		City NEW YORK	State NY	Zip 10036-2601	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name HESS CORPORATION			Manager Name STEPHEN M. SEMLITZ		
Street Address 1185 AVENUE OF THE AMERICAS			Street Address 1185 AVENUE OF THE AMERICAS		
City NEW YORK	State NY	Zip 10036-2601	City NEW YORK	State NY	Zip 10036-2601
Manager Name STEPHEN M. HENDEL			Manager Name GUY MERISON		
Street Address 1185 AVENUE OF THE AMERICAS			Street Address 1185 AVENUE OF THE AMERICAS		
City NEW YORK	State NY	Zip 10036-2601	City NEW YORK	State NY	Zip 10036-2601
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 03 2013

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

B: 18621

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.

Signature of Authorized Person _____ Date **08/28/2013**

STEPHEN M. SEMLITZ

Print or Type Name of Authorized Person