



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 1-48 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 **2014**

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. <b>97162</b>		2. Exact name of the limited liability company <b>HESS ENERGY TRADING COMPANY, LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of business conducted in Rhode Island <b>ENERGY &amp; PETROLEUM PRODUCTS WHOLESALE TRADING</b>			
5. Principal office address <b>1185 AVENUE OF THE AMERICAS</b>		City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036-2601</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>DANIEL DEVINE</b>		Contact Title <b>VP &amp; CONTROLLER</b>			
Street Address <b>1185 AVENUE OF THE AMERICAS</b>		City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036-2601</b>	
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>HESS CORPORATION</b>		Manager Name <b>STEPHEN M. SEMLITZ</b>			
Street Address <b>1185 AVENUE OF THE AMERICAS</b>		Street Address <b>1185 AVENUE OF THE AMERICAS</b>			
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036-2601</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036-2601</b>
Manager Name <b>STEPHEN M. HENDEL</b>		Manager Name <b>GUY MERISON</b>			
Street Address <b>1185 AVENUE OF THE AMERICAS</b>		Street Address <b>1185 AVENUE OF THE AMERICAS</b>			
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036-2601</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036-2601</b>
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**SEP 02 2014**

BY 19458

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

**08/25/2014**

Date

**STEPHEN M. SEMLITZ**

Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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