Department of the Treasury Internal Revenue Service Benefit Plan Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Plantistration Inspection Part I Annual Report Identification Information a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan	Jplic			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to P Inspection Pension Benefit Guaranty Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to P Inspection Part I Annual Report Identification Information and ending 12/31/2013 For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan	Jplic			
Period benefit Guaranty corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for: Image: A single-employer plan Image: A multiple-employer plan (not multiemployer) Image: A one-participant plan				
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for: Image: A single-employer plan Image: A a single				
A This return/report is for:				
B This return/report is:				
an amended return/report a short plan year return/report (less than 12 months)				
C Check box if filing under:				
special extension (enter description)				
Part II Basic Plan Information—enter all requested information				
1a Name of plan 1b Three-digit HELGERS-UNITED OIL COMPANY INC. 40(K) PLAN plan number				
HELGERS-UNITED OIL COMPANY, INC. 40(K) PLAN plan number (PN) ▶ 001				
1c Effective date of plan				
01/01/2005				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Numl HELGERS-UNITED OIL COMPANY (EIN) 05-0393157	er			
136 MAIN ROAD 2c Sponsor's telephone number 401-624-9289 401-624-9289				
TIVERTON, RI 02878 2d Business code (see instruction 454310	ns)			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN				
3c Administrator's telephone nu	mbor			
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aname, EIN, and the plan number from the last return/report. 				
a Sponsor's name 4c PN				
5a Total number of participants at the beginning of the plan year	4			
b Total number of participants at the end of the plan year	4			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	4			
complete this item) 5C 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	_			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	No			
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No. Not determ	inod			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Sche SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete.				
SIGN Filed with authorized/valid electronic signature. 07/28/2014 TERESA HELGER				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator				
SIGN				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spo				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (opt	onal)			

Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	of Ye	ar		
а	Total plan assets	7a	95134			114882					_
b	Total plan liabilities	7b	0			0					_
С	Net plan assets (subtract line 7b from line 7a)	7c	95134			114882					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	Contributions received or receivable from:										
	(1) Employers	8a(1)	28	0							_
	(2) Participants	8a(2)	20	0							_
· · ·	(3) Others (including rollovers)	8a(3)	1946	0	_						_
	Other income (loss)	8b	1940	0	_				10749		_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_				9748		_
	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i							19748		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruct	ions			
	2A 2E 2F 2G 2J 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructio	ons:			
Part	V Compliance Questions										_
10	During the plan year:				Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in						unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
					Х						
с 	1 , ,			10c						50000)
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth										
-	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		x					450	
	instructions.)			10e		Х				456	<u> </u>
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h		•		104		х					
— i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							_
•	exceptions to providing the notice applied under 29 CFR 2520.10			10i		Х					
Part VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem							П	Yes	X No	_
110	5500) and line 11a below)								100		_
	Enter the unpaid minimum required contribution for current year fr		· · · · · ·			11a			Voo		_
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection (302 of	ERISA?		Yes	X No	,
2	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being			ctions	and e	enter tr	e date of th	ne let	ter ruli	na	
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
	you completed line 12a, complete lines 3, 9, and 10 of Scheduk					40'					
b	Enter the minimum required contribution for this plan year					12b					

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

	m 5500-SF	Short Form Annua	Benefit Plan	or Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					e	2	2013		
Employee Ber	partment of Labor nefits Security Administration	Retirement Income Security A	Act of 1974 (ERISA), and sec iternal Revenue Code (the C	ctions 6057(b) and 6058 ode).	This Form is Open to P				
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instruc	tions to the Form 550	0-SF.		spection		
Part		t Identification Information							
or calenda	r plan year 2013 or	fiscal plan year beginning	01/01/2013	and ending		12/31/20:	13		
	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-partici	pant plan		
This retu	urn/report is:	the first return/report an amended return/report	the final return/report a short plan year return	/report (less than 12 m	onths)				
Check b	ox if filing under:	Form 5558	automatic extension		1	DFVC progra	m		
		special extension (enter desc	cription)			-			
Part II	Basic Plan Inf	ormation enter all requested in		·····	-				
a Name c					1b	Three-digit			
		il Company, Inc. 40(k) Plan			plan number (PN)	001		
						Effective date o			
						01/01/200			
	onsor's name and a ers-United O:	ddress; include room or suite numb i1 Company	per (employer, if for a single-	employer plan)		Employer Identi (EIN) 05-039	fication Number		
					2c	Sponsor's telep (401) 624-	hone number		
136 M Tiver	Main Road		RI	02878		Business code 454310	(see instructions)		
	lan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address								
3a Plan ad	lministrator's name i	and address XSame as Plan Spor	sor Name Same as Plan	Sponsor Address		Administrator's Administrator's	EIN telephone number		
4 If the n	ame and/or EIN of t	he plan sponsor has changed since				Administrator's			
If the name,	ame and/or EIN of t EIN, and the plan n				3c 4b	Administrator's			
If the name, name, a Sponso	ame and/or EIN of t EIN, and the plan n or's name	he plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	or this plan, enter the	3c 4b 4c	Administrator's			
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l If the m name, a Sponso a Total n b Total n C Numbe comple a Were b Are yo under If you C If the p Caution: A 5B or Sche belief, it is tu	ame and/or EIN of t EIN, and the plan n or's name number of participan number of participan er of participants with ete this item) all of the plan's asso u daiming a waiver 29 CFR 2520.104-4 answered "No" to plan is a defined ben penalty for the lat alties of perjury and dule MB completed	he plan sponsor has changed since umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o ets during the plan year invested in of the annual examination and repo 6? (See instructions on waiver eligi either line 6a or line 6b, the plan efit plan, is it covered under the PB e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary,	the last retum/report filed for the plan year (defined bene eligible assets? (See instruct ort of an independent qualifie bility and conditions.) cannot use Form 5500-SF GC insurance program (see m/report will be assessed uctions. I declare that I have	or this plan, enter the fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? . unless reasonable cau examined this retum/rej	3c 4b 4c 5a 5b 5c PA) Form	Administrator's	telephone number		
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If the name, a Sponso a Total n b Total n c Numbe comple b Are yo under If you c If the p Caution: A Juder pena SB or Sche belief, it is to HERE	ame and/or EIN of t EIN, and the plan n or's name number of participan aumber of participan er of participants with ete this item)	he plan sponsor has changed since umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end o ets during the plan year invested in of the annual examination and report 6? (See instructions on waiver eligi either line 6a or line 6b, the plan efit plan, is it covered under the PB e or incomplete filing of this retur other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	the last retum/report filed for the plan year (defined bene eligible assets? (See instruct ort of an independent qualifie bility and conditions.)	or this plan, enter the fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this retum/report sion of this return/report Teresa Helger	3c 4b 4c 5a 5b 5c PA) Form use is a port, int t, and t	Administrator's EIN PN 5500. Yes No [established. cluding, if applic o the best of my	telephone number		
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Page 2

1 641	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Veer	-
a	Total plan assets	7a		5,13	34			114,8	82
	Total plan liabilities	7b			0			/-	0
С	Net plan assets (subtract line 7b from line 7a)	7c	9	5,13	34			114,8	82
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	D.M.	
	Contributions received or receivable from:	-							-
	1) Employers	8a(1)							
	2) Participants	8a(2)		28	30				_
	3) Others (including rollovers)	8a(3)							_
	Other income (loss)	8b	1.	9,46	8				
144	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			19,7	48
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
-	Certain deemed and/or corrective distributions (see instructions)	8e			T				-
-	Administrative service providers (salaries, fees, commissions)	8f	Part of the second						-
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
	Net income (loss) (subtract line 8h from line 8c)	81						19,7	48
	Transfers to (from) the plan (see instructions)	8j	a dia mandri di Andria.	-					
Par	IV Plan Characteristics	-9-1-	-	-	-				-
	If the plan provides pension benefits, enter the applicable pension f 2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe								
Part	V Compliance Questions								
10	During the plan year:				Yes	No		American	
a				_	the second second	110		Amount	_
_	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	ion Program)	10a		x		Amount	_
_		ciary Correct ? (Do not incl	ion Program) ude transactions reported			1.1		Amount	-
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest?	ciary Correct ? (Do not incl	ion Program) ude transactions reported	10a	x	х		50,0	000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct ? (Do not incl fidelity bond,	ion Program) ude transactions reported that was caused by fraud	10a 10b	x	х			000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10a 10b 10c	x	X X		50,0	56
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits	ion Program) ude transactions reported that was caused by fraud y an insurance carrier, under the plan? (See	10a 10b 10c 10d 10e		X X		50,0	
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c	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		res 🛛 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)			
1	13c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊤	rust's EIN	