STATE OF NEW HAMPSHIRE
Annual Report
Prepaid Contracts for Petroleum Sales Contracts – RSA 339:79

Annual Report due: December 1, **2016**

Corporation/Business Name **Stafford Oil Company, Inc.**

Address **P.O. Box 220, 231 Court Street,** **Laconia,** **NH** **03247**
(street) (town/city) (state) (zip code)

Telephone Number **(603) 524-1480** Email: **cjstafford@staffordoil.com**

Contact Person: **Curtis Stafford**

Contact Person Address (if different) _____

Check one or more of the following items listed below indicating how the prepaid contracts are secured.

1. X A firm commitment in the form of a futures contract or other commitment that guarantees that the dealer may purchase, at a fixed price, heating oil, kerosene, or liquefied petroleum gas in an amount not less than 75 percent of the maximum number of gallons that the dealer is committed to deliver pursuant to all prepaid contracts entered into by the dealer. The amount of such futures contract may be reduced to reflect any amount of home heating oil, kerosene, or liquefied petroleum gas already delivered to and paid for by the consumer.
2. ____ A surety bond, made payable to the attorney general, in an amount not less than 50 percent of the total amount of funds paid to the dealer by consumers pursuant to prepaid heating oil, kerosene, or liquefied petroleum gas contracts.
3. ____ A letter of credit, made payable to the attorney general, from an FDIC-insured institution in an amount that represents 100 percent of the cost to the dealer of the maximum number of gallons that the dealer is committed to deliver pursuant to all prepaid contracts entered into by the dealer. The cost shall be calculated at the time the contracts are entered into.
4. X A liquid product inventory of home heating oil, kerosene, or liquefied petroleum gas in an amount equal to 75 percent of the outstanding volume in gallons that the dealer is obligated to deliver under the terms of prepaid contracts in force.

I (We) the undersigned do hereby certify that the information provided in this form is true and complete to the best of my information, knowledge and belief. Making a false statement on the form shall constitute an unfair or deceptive act or practice in violation of RSA 358-A.

Print Name of Dealer if Business
OR President/Officer if Corporation ***(a list of all members of the board of directors of the corporation shall be included with this annual report.)***

Curtis Stafford Signature: _____

Title: **President** Date: **September 7, 2016**

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DEPARTMENT OF STATE

Disclaimer: All documents filed with the Secretary of State become public records and will be available for public inspection.

Mail to: Department of State, State House Room 204, 107 North Main Street, Concord, NH 03301
Phone: 603-271-3242 Email: elections@sos.nh.gov website: www.sos.nh.gov