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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
60915	Manny's Oil Incorporated		
3. Principal office address: 290 Kenyon Avenue	City: Pawtucket	State: RI	Zip: 02861
4. Business Phone No.: (401) 723-9089	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Fuel Oil Dealer			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Gabriel D. Pereira	33 Lord Street	Attleboro	MA	02703

Vice-President Name	Street Address	City	State	Zip
Shelby J. Pereira	33 Lord Street	Attleboro	MA	02703

Secretary Name	Street Address	City	State	Zip
Antonio Pereira	54 Seven Mile River Drive	Attleboro	MA	02703

Treasurer Name	Street Address	City	State	Zip
Shelby J. Pereira	33 Lord Street	Attleboro	MA	02703

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Gabriel D. Pereira	33 Lord Street	Attleboro	MA	02703
Antonio Pereira	54 Seven Mile River Drive	Attleboro	MA	02703

Director Name	Street Address	City	State	Zip
Shelby J. Pereira	33 Lord Street	Attleboro	MA	02703

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	no par

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 21 2013
3600

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.

Gabriel Pereira — Signature of Authorized Representative — Date: Feb 12, 2013

Gabriel D. Pereira
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012