



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. 60915		2. Exact name of the Corporation 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) <input type="checkbox"/>					
President Name Gabriel D. Pereira			Vice-President Name Shelby J. Pereira		
Street Address 33 Lord Street			Street Address 33 Lord Street		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
Secretary Name Antonio Pereira			Treasurer Name Shelby J. Pereira		
Street Address 54 Seven Mile River Drive			Street Address 33 Lord Street		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gabriel D. Pereira			Director Name Shelby J. Pereira		
Street Address 33 Lord Street			Street Address 33 Lord Street		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
Director Name Antonio Pereira			Director Name		
Street Address 54 Seven Mile River Drive			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			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

Gabriel D. Pereira

Print or Type Name of Authorized Representative

Feb 17, 2013
 Date