



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>2972C</u>		2. Exact name of the Corporation <u>State FUEL Handlers Union</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Fuel oil Storage & Handling</u>			
5. Principal office address <u>144 ALLENS AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>JEFFREY M. CAIN</u>			Vice-President Name <u>JOE COMELLA</u>		
Street Address <u>24 ISLINGTON AVE</u>			Street Address <u>14 GROTON ST</u>		
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	City <u>JOHNSTON</u>	State <u>R.I</u>	Zip <u>02919</u>
Secretary Name <u>JOE CAIN</u>			Treasurer Name <u>BILL DIKO</u>		
Street Address <u>16 COVE ST.</u>			Street Address <u>312 SAND POND RD.</u>		
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Michael Flynn</u>			Director Name <u>Ken Manfredi</u>		
Street Address <u>55 Reynolds Ave</u>			Street Address <u>8 CELONA DRIVE</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>
Director Name <u>JOE COMELLA</u>			Director Name		
Street Address <u>14 GROTON ST</u>			Street Address		
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date _____

JUN 20 2013

Check No _____

By: _____

BY 2085

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 Officer Jeffrey M. Cain Date 6/11/13

Print or Type Name of Officer
JEFFREY M. CAIN

Title of Officer
PRESIDENT

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