



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 2016

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. 15351		2. Exact name of the Corporation SUNSHINE FUELS & ENERGY SERVICES, INC.			
3. Principal office address 374 METACOM AVENUE			City BRISTOL	State RI	Zip 02809
4. Business Phone No. (401) 253-7781			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island THE SALE OF HEATING OIL AND EQUIPMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL P. JANUARIO			Vice-President Name KENNETH J. JANUARIO		
Street Address 374 METACOM AVENUE			Street Address 374 METACOM AVENUE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name STEVEN JANUARIO			Treasurer Name STEVEN JANUARIO		
Street Address 374 METACOM AVENUE			Street Address 374 METACOM AVENUE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL P. JANUARIO			Director Name KENNETH J. JANUARIO		
Street Address 374 METACOM AVENUE			Street Address 374 METACOM AVENUE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name STEVEN JANUARIO			Director Name		
Street Address 374 METACOM AVENUE			Street Address		
City BRISTOL	State RI	Zip 02809	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
			2,000	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 26 2016

BY 16526

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] 12-30-15
 Signature of Authorized Representative Date

MICHAEL P. JANUARIO

Print or Type Name of Authorized Representative