



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
29726		STATE FUEL HANDLERS UNION			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I.		FUEL OIL STORAGE & HANDLING			
5. Principal Office Address		City	State	Zip	
144 ALLENS AVE		PROV. DENCE	RI	02903	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
JEFFREY M. CAIN		JOE COMELLA			
Street Address		Street Address			
24 ISLINGTON AVE		14 GROTON ST			
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Johnston	RI	02919
Secretary Name		Treasurer Name			
JOSEPH M CAIN		KEN MANFREDO			
Street Address		Street Address			
16 COVE STREET		8 CELONA DR			
City	State	Zip	City	State	Zip
Riverside	RI	02915	Johnston	RI	02919
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
JOSEPH M CAIN		William Citronce			
Street Address		Street Address			
16 COVE STREET		9 GROTON STREET			
City	State	Zip	City	State	Zip
Riverside	RI	02915	Johnston	RI	02919
Director Name		Director Name			
Bill Dileo		MICHAEL FLYNN			
Street Address		Street Address			
36 old Hope Kent Rd		55 REYNOLDS AVE			
City	State	Zip	City	State	Zip
Scituate	RI	02831	Warwick	RI	02889
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
JEFFREY M. CAIN (PRESIDENT)					
Signature of Officer/Authorized Representative					

FILED

JUN 06 2016

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