

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

1010							
Non-Profit Corporation	Annual Report	t for the y	/ear: 2016		1		
Filing Period: June 1 - June 30 Filing Fee: \$20.00 *FAILURE		DODT DV	IIII V 20 WILL DECL		25 00 55141		
1. Entity ID Number	2. Exact name of th	DOLL 30 AAITT KE20	LIINAS	25.00 PENAL	IY FEE.	_	
0077							
29726	State 7	UEL H	IANDLERS UNION				
3. State of Incorporation	4. Brief description	of the charac	ter of business conducted in Rhode Island				
RI.	Fuel oil &	Horase	& Handling				
5. Principal Office Address			City		State	Zip	
144 Allens Aue			PROV. Lence	_	RI	0960	_ 3
6. List ALL officers (names and addresses)			Chec	k the box t	o indicate an att		_
President Name JEFFREY M. CAIN			Vice-President Name Soe Come IIA				
Street Address / AVF			Street Address 14 GON-LON ST				
City Portsmouth	State PJ Zip	J287/	City Johnston)	State RI	Zip 02919	 구
Secretary Name SosePH M CAN			Treasurer Name KEN Manfredo				
Street Address COUL STREET			Street Address 8 CEIONA DK				
	<u> </u>	02915	City Johnston		State R I	Zip 0291	٩
7. List ALL directors (names and	addresses). RI Corpo	orations MUS	T list at least THREE d	irectors.	e hoy to indicate		_
Director Name JOSEPH M CAIN			Director Name William Cityone				
Street Address 6 COVE STREET			Street Address 9 Gnoton Street				
cityRiverside		02915	City Johnston	21 100	State RI	Zip 029/9	_
Director Name Bill Diko			Director Name Michael Flynn				
Street Address 36 ald Hope Kent Rd			Street Address 55 Reynolds AUE City State 7:0				
city Scituate	State RI Zip	1886	City Warwick	-/ 	State R 7	Zip (1988°	— 7
8. Registered Agent in Rhode Isla	nd. This information is		cord in the Department of	State. Chang	es require filing F	form 641.	<u>. </u>
Under penalty of perjury, i decla statements, and that all stateme	ere and affirm that I ents contained here	have exami in are true a	ned this report, includend	ling any ac	companying s	chedules and	,
This report must be signed by either the Pre				thorized Repr	esentative, Receive	r or Trustee.	
Name of Officer/Authorized Representative					Date	•	
Signature of Officer/Authorized Representative					4.	<u> </u>	
Add an O	presentative 	· · · · · · · · · · · · · · · · · · ·					
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