



**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
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29726	STATE FUEL HANDLERS UNION
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3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
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R.I.	FUEL OIL STORAGE & HANDLING
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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"/>
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President Name JEFFREY M. CAIN	Vice-President Name JOE COMELLA
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Street Address 24 ISLINGTON AVE	Street Address 14 GROTON ST
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City PORTSMOUTH	State RI	Zip 02871	City JOHNSTON	State RI	Zip 02919
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Secretary Name JOSEPH M CAIN	Treasurer Name KEN MANFREDO
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Street Address 16 COVE STREET	Street Address 8 CELONA DR
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City RIVERSIDE	State RI	Zip 02915	City JOHNSTON	State RI	Zip 02919
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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"/>
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Director Name JOSEPH M CAIN	Director Name WILLIAM CITRONE
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Street Address 16 COVE STREET	Street Address 9 GROTON STREET
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City RIVERSIDE	State RI	Zip 02915	City JOHNSTON	State RI	Zip 02919
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Director Name BILL DIKO	Director Name MICHAEL FLYNN
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Street Address 36 OLD HOPE KENT RD	Street Address 55 REYNOLDS AVE
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City SCITUATE	State RI	Zip 02831	City WARWICK	State RI	Zip 02889
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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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