



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

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**  
 JAN 25 2017 *02*  
 BY 2847

1. Entity ID Number <b>532938</b>		2. Exact name of the Corporation <b>CK DISTRIBUTION INC</b>	
3. Principal Office Address <b>6 CRESTMONT DRIVE</b>		City <b>CAROLINA</b>	State <b>RI</b>
		Zip <b>02812</b>	
4. NAICS Code <b>42 - Wholesale Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE DISTRIBUTION OF OIL PRODUCTS AND SUPPLIES</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ARTHUR JORDAN</b>		Vice-President Name <b>LORRAINE JORDAN</b>	
Street Address <b>6 CRESTMONT DRIVE</b>		Street Address <b>6 CRESTMONT DRIVE</b>	
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>CAROLINA</b>
			State <b>RI</b>
			Zip <b>02812</b>
Secretary Name <b>ARTHUR JORDAN</b>		Treasurer Name <b>ARTHUR JORDAN</b>	
Street Address <b>6 CRESTMONT DRIVE</b>		Street Address <b>6 CRESTMONT DRIVE</b>	
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>CAROLINA</b>
			State <b>RI</b>
			Zip <b>02812</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		<b>1000</b>	<b>CNP</b>
			PAR VALUE
			<b>.01</b>
11. 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. <b>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.</b>			
Name of Authorized Representative <b>ARTHUR JORDAN</b>			Date <i>1/20/17</i>
Signature of Authorized Representative <i>Arthur Jordan</i>			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov