



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

BY

2847

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

FORM 630 - Revised: 10/2016