



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

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 29726		2. Exact name of the Corporation STATE FUEL HANDLERS UNION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island oil handling/storage	
4. NAICS Code 813930			
6. Principal Office Address 144 ALIENS AVE		City PROVIDENCE	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JEFFREY M. CAIN		Vice-President Name JOE COMELLA	
Street Address 24 ISLINGTON AVE		Street Address 14 GROTON ST	
City PORTSMOUTH	State RI	City JOHNSTON	State R.I
Zip 02871		Zip 02919	
Secretary Name JOE CAIN		Treasurer Name BILLY DIKO	
Street Address 16 COVE ST		Street Address 36 OLD HOPE KENT RD.	
City EAST PROVIDENCE	State R.I.	City SCITUATE	State R.I.
Zip 02915		Zip 02831	
8. 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 William Citrone		Director Name KENNETH D. MANFREDO	
Street Address 9 GROTON STREET		Street Address 8 CECILIA DRIVE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Director Name Martin Ross		Director Name JEFFREY M. CAIN	
Street Address 31 SHERIDAN STREET		Street Address 24 ISLINGTON AVE	
City JOHNSTON	State RI	City PORTSMOUTH	State RI
Zip 02919		Zip 02871	
9. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative JEFFREY M. CAIN			Date 6-13-2017
Signature of Officer/Authorized Representative 			

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

FILED

JUN 15 2017

BY 2010

FORM 631 - Revised: 05/2017