



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
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name JEFFREY M. CAIN			Vice-President Name JOE COMELLA		
Street Address 24 ISLINGTON AVE			Street Address 14 GROTON ST		
City PORTSMOUTH	State RI	Zip 02871	City JOHNSTON	State R.I	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 RI	Zip 02915	City Scituate	State R.I.	Zip 02831

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name William Citrone			Director Name KENNETH D. MANFREDO		
Street Address 9 Groton Street			Street Address 8 CECILIA DRIVE		
City Johnston	State RI	Zip 02919	City JOHNSTON	State RI	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	Zip 02919	City PORTSMOUTH	State RI	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.

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 JEFFREY M. CAIN	Date 6-13-2017
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Signature of Officer/Authorized Representative