RI SOS Filing Number: 201748397960 Date: 8/11/2017 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
15351	SUNSHINE FUELS & ENERGY SERVICES, INC.

3. Principal Office Address	City	State	Zip
374 METACOM AVENUE	BRISTOL	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
22 - Utilities	THE SALE OF HEATING OIL AND EQUIPMENT
5. State of Incorporation	
RHODE ISLAND	

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

President Name: MICHAEL P. JANUARIO			Vice-President Name: KENNETH J. JANUARIO		
Street Address: 374 METACOM AVENUE			Street Address: 374 METACOM AVENUE		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809
Secretary Name: STEVEN JANUARIO			Treasurer Name: STEVEN JANUARIO		
Street Address: 374 METACOM AVENUE			Street Address: 374 METACOM AVENEU		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MICHAEL P. JANUARIO			Director Name: KENNETH J. JANUARIO		
Street Address: 374 METACOM AVENUE			Street Address: 374 METACOM AVENUE		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809
Director Name: STEVEN JANUARIO			Director Name:		
Street Address: 374 METACOM AVENUE			Street Address:		
City: BRISTOL	State: RI	Zip: 02809	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	2,000	COMMON	NO PAR

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: MICHAEL P. JANUARIO

Date: AUG 1 2017

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
AUG 11 2017

FILED
AUG 11 2017

BY 68611 68562

BY

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