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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

| Annual | Report | t for the | year: | 2017 |
|--------|--------|-----------|-------|------|
|--------|--------|-----------|-------|------|

Corporation

→ Filing period: January 1 - March 1

| . Principal Office Address 374 METACOM AVENUE . NAICS Code 22 - Utilities | | | 2. Exact name of the Corporation SUNSHINE FUELS & ENERGY SERVICES, INC. | | | | | | |
|--|---|--|---|-----------------------------|--|----------------------|--|--|--|
| | • | | | | State RI | Zip 02809 | | | |
| | 6. Brief description of the character of business conducted in Rhode Island THE SALE OF HEATING OIL AND EQUIPMENT | | | | | | | | |
| . State of Incorporation RHODE ISLAND | | | | | | | | | |
| List ALL officers (names and | addresses) | | | Chec | k the box to inc | licate an attachme | | | |
| President Name MICHAEL P. JANUARIO | | | Vice-President Name KENNETH J. JANUARIO | | | | | | |
| Street Address 374 METACOM AVENUE | | | Street Address 374 METACOM AVENUE | | | | | | |
| ity BRISTOL | State RI | ^{Zip} 02809 | City BRISTOL | | State RI | ^{Zip} 02809 | | | |
| ecretary Name STEVEN JANUA | ARIO | | Treasurer Name STEVEN JANUARIO | | | | | | |
| Street Address 374 METACOM AVENUE | | | Street Address 374 METACOM AVENEU | | | | | | |
| ty BRISTOL | State RI | ^{Zip} 02809 | City BRISTOL | | State Ri | Zip 02809 | | | |
| List ALL directors (names and | d addresses\ | | | | k tha bas to be | icate an attachmer | | | |
| rector Name MICHAEL P. JAN | IUARIO | | Director Nam | ^e KENNETH J. JAN | UARIO | cate an attachmen | | | |
| reet Address 374 METACOM A | | | | 374 METACOM A | VENUE | | | | |
| BRISTOL | State RI | ^{Zip} 02809 | City BRISTOL | | State RI | Zip 02809 | | | |
| ector Name STEVEN JANUAI | RIO | | Director Name | 9 | | | | | |
| eet Address 374 METACOM A | VENUE | | Street Addres | S | | | | | |
| y BRISTOL | State RI | Zip 02809 | City | | State | Zip | | | |
| Shares Authorized | | 10. Shares iss | ued | Chec | the box to indi | cate an attachmen | | | |
| his information is currently of record in the | | | NUMBER OF SHARES | | E8 | PAR VALUE | | | |
| Pepartment of State. Changes require an additional filing. | | 2,000 | | | | NO PAR | | | |
| | | | | | | | | | |
| This report must be executed | on behalf of the | corporation by an a | uthorized repres | sentative. If the corp | oration is in the | hands of a receive | | | |
| stee, this report must be exec der penalty of perjury, I dec | uted on behalf of t lare and affirm ti | the corporation by t hat I have examine | he receiver or tr ed this report. I | rustee. | | | | | |
| itements, and that all statem me of Authorized Representat | <u>nents contained i</u> | herein are true and | d correct. | | | · | | | |
| CHAEL P. JANUARIO | 176 | | ` | | Date | | | | |
| nature of Authorized Represe | ntative | , <u></u> | 32 | | - | | | | |
| Men / Jun | | SIGN DOC | UMENT ME | RE 1 2017 | | 1 LLU | | | |

Phone: (401) 222-3040 Website: www.sos.ri.gov

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