RI SOS Filing Number: 201857129810 Date: 1/29/2018 4:00:00 PM

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

STAMP

Annual Report for the year: 2018
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			
532938	CK DISTRIBUTION INC			
3. Principal Office Address		City	State	Zip
6 CRESTMONT DRIVE		CAROLINA	RI	02812
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
42	WHOLESALE DISTRIBUTION OF OIL PRODUCTS AND SUPPLIES			
5. State of Incorporation	454310			
RI				

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

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 ☐

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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

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: 1/26/18

Signature of Authorized Representative: Arthur N. Jordan

SIGN DOCUMENT HERE

FILED

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

JAN 29 2018
BY 294905

FORM 630 - Revised: 10/2017