



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 15351		2. Exact name of the Corporation SUNSHINE FUELS & ENERGY SERVICES, INC.			
3. Principal Office Address 374 METACOM AVENUE			City BRISTOL	State RI	Zip 02809
4. NAICS Code 238200		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 AVENUE		
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 <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. <i>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>					
Name of Authorized Representative MICHAEL P. JANUARIO				Date 1-9-2018	
Signature of Authorized Representative 		FILED			
		SIGN DOC FEB 28 2018			

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

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