



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

NOT
FOR FILING OR STATE
USE ONLY

1. Entity ID Number 807554		2. Exact name of the Corporation SUNSHINE OIL CO., INC.					
3. Principal Office Address 374 METACOM AVENUE		City BRISTOL		State RI	Zip 02809		
4. NAICS Code 238220		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. 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 1-9-2018		
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE FEB 28 2018 6949		

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