RI SOS Filing Number: 201859583250 Date: 3/1/2018 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation			
60915	Manny's Oil Incorporated			
3. Principal Office Address: 155 Trenton Street		City: Pawtucket	State: RI	Zip: 02860
4. NAICS Code: 454310	6. Brief description of the character of business conducted in Rhode Island: Fuel Oil Dealer			
5. State of Incorporation: Rhode Island				

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

President Name: Gabriel D. Periera			Vice-President Name: Shelby J. Pereira		
Street Address: 33 Lord Street			Street Address: 33 Lord Street		
City: Attleboro	State: MA	Zip: 02703	City: Attleboro	State: MA	Zip: 02703
Secretary Name: Antonio Pereirav			Treasurer Name: Shelby J. Pereira		
Street Address: 54 Seven Mile River Drive			Street Address: 33 Lord Street		
City: Attleboro	State: MA	Zip: 02703	City: Attleboro	State: MA	Zip: 02703

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

Director Name: Gabriel D. Periera			Director Name: Shelby J. Pereira		
Street Address: 33 Lord Street			Street Address: 33 Lord Street		
City: Attleboro	State: MA	Zip: 02703	City: Attleboro	State: MA	Zip: 02703
Director Name: Antonio Pereira			Director Name:		
Street Address: 54 Seven Mile River Drive			Street Address:		
City: Attleboro	State: MA	Zip: 02703	City:	State:	Zip:

9. Shares Authorized

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

Changes require an additional filing.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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	Date
Gabriel D. Pereira	2-20-18

Signature of Authorized Representative: Gabriel Pereira

FILED

MAR 01 2018

BY 532105

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: 10/2017