



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 04 2019

BY

1. Entity ID Number 60915		2. Exact name of the Corporation 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 <input type="checkbox"/>					
President Name Gabriel D. Pereira			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 Pereira			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 <input type="checkbox"/>					
Director Name Gabriel D. Pereira			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			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		
			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 Gabriel D. Pereira				Date March 1, 2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov