

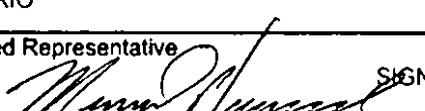


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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
STAMP
 MAR 21 2019
 BY MISS DS

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 454310		6. Brief description of the character of business conducted in Rhode Island THE SALE OF HEATING OIL AND EQUIPMENT												
5. State of Incorporation RI														
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 STEVEN 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 MICHAEL P. 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 STEVEN 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			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 <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>2,000</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2,000	COMMON	NO PAR			
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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 1-24-2019									
Signature of Authorized Representative  SIGN DOCUMENT HERE														

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