



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 7154 PS

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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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 1-24-2019
Signature of Authorized Representative <i>Michael P. Januario</i> SIGN DOCUMENT HERE					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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