



State of Rhode Island  
**Department of State - Business Services Division**

STAMP

**Annual Report for the year:** 2021  
**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 532938		2. Exact name of the Corporation CK DISTRIBUTIONS INC			
3. Principal Office Address 6 CRESTMONT DRIVE			City CAROLINA	State RI	Zip 02812
4. NAICS Code 211130		6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTION OF OIL PRODUCTS AND SUPPLIES			
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 ARTHUR JORDAN			Vice-President Name		
Street Address 6 CRESTMONT DRIVE			Street Address		
City CAROLINA	State RI	Zip 02812	City	State	Zip
Secretary Name ARTHUR JORDAN			Treasurer Name ARTHUR JORDAN		
Street Address 6 CRESTMONT DRIVE			Street Address 6 CRESTMONT DRIVE		
City CAROLINA	State RI	Zip 02812	City CAROLINA	State RI	Zip 02812
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		1000	CNP	.01	
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.					
<b>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.</b>					
Name of Authorized Representative ARTHUR JORDAN				Date ✓ 1/25/21	
Signature of Authorized Representative ✓ <i>Arthur N. Jordan</i>				<b>FILED</b>	

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

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