



State of Rhode Island

Department of State - Business Services Division

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.

MAR 1 2021

7526

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) Check the box to indicate an attachment ☐														
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 ☐														
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 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 ☐											
			<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 1-18-21										
Signature of Authorized Representative 														