



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JAN 24 2023  
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1. Entity ID Number <b>532938</b>		2. Exact name of the Corporation <b>C K DISTRIBUTION INC</b>			
3. Principal Office Address <b>6 CRESTMONT DR</b>			City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>
4. NAICS Code <b>42</b>		6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE DISTRIBUTION OF OIL PRODUCTS AND SUPPLIES</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>ARTHUR JORDAN</b>			Vice-President Name		
Street Address <b>6 CRESTMONT DR</b>			Street Address		
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City	State	Zip
Secretary Name <b>ARTHUR JORDAN</b>			Treasurer Name <b>ARTHUR JORDAN</b>		
Street Address <b>6 CRESTMONT DR</b>			Street Address <b>6 CRESTMONT DR</b>		
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <b>.01</b>	
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 <b>ARTHUR JORDAN</b>				Date <b>✓ 1/21/23</b>	
Signature of Authorized Representative <i>Arthur Jordan</i>					

## MAIL TO:

Division of Business Services

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

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