



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 532938		2. Exact name of the Corporation C K DISTRIBUTION INC			
3. Principal Office Address 6 CRESTMONT DR			City CAROLINA	State RI	Zip 02812
4. NAICS Code 42		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)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ARTHUR JORDAN			Vice-President Name		
Street Address 6 CRESTMONT DR			Street Address		
City CAROLINA	State RI	Zip 02812	City	State	Zip
Secretary Name ARTHUR JORDAN			Treasurer Name ARTHUR JORDAN		
Street Address 6 CRESTMONT DR			Street Address 6 CRESTMONT DR		
City CAROLINA	State RI	Zip 02812	City CAROLINA	State RI	Zip 02812
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.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			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 ✓ 1/21/23
Signature of Authorized Representative ✓ Arthur Jordan					

MAIL TO:  
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