RI SOS Filing Number: 202331371790 Date: 3/17/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 17 2023
BY 7920

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.

1. Entity ID Number	2. Exact name of the Corporation		
15351	Sunshine Fuels & Energy Services, Inc.		
3. Principal Office Address	City	State	Zip
280 Franklin Street	Bristol	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
454310	The sale of heating oil, fuels and equiptment		
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: 280 Franklin Street			Street Address: 280 Franklin Street		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Steven Januario			Treasurer Name: Michael P. Januario		
Street Address: 280 Franklin Street			Street Address: 280 Franklin Street		
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: 280 Franklin Street			Street Address: 280 Franklin Street		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1332.67	Common	No par value

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	Date
Michael P. Januario	1-30-2023

Signature of Authorized Representative

Michael Januario

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

FORM 630 - Revised: 11/2021