State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

MAR	1 7 2023
BY	920

1. Entity ID Number						<u> </u>			
15351		2. Exact name of the Corporation Sunshine Fuels & Energy Services, Inc.							
Principal Office Address			City		State	Zip			
280 Franklin Street			Bristol		RI	02809			
4. NAICS Code	6. Brief descr	iption of the charac		onducted in Rhode Is	1				
454310		The sale of heating oil, fuels and equiptment							
5. State of Incorporation	_	,	•	•					
RI									
7. List ALL officers (names a	nd addresses)			Check	the box to i	ndicate 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)		I	Check	the box to i	indicate an attachment			
Director Name Michael P.	Januario		Director Name	Steven Januario)	<u></u> ,			
Street Address 280 Franklin Street			Street Address 280 Franklin Street						
City Bristol	State RI	^{Zip} 02809	City Bristol			^{Zip} 02809			
Director Name	<u>+</u>	·	Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Iss	ued	Check	the box to i	ndicate an attachment			
This information is currently o Department of State.	f record in the	rd in the NUMBER OF		SHARES CLASS/SERIES		PAR VALUE			
Changes require an additional filing.		1332.67		Common		No par value			
			<u>_</u>						
 This report must be executive trustee, this report must be executed. 	uted on behalf of the xecuted on behalf of	corporation by an a	iuthorized repres	entative. If the corpo	ration is in	the hands of a receiver or			
Under penalty of perjury, I statements, and that all sta	declare and affirm t	hat I have examin	ed this report, ir	ncluding any accom	panying s	chedules and			
Name of Authorized Represe					Date				
Michael P. Januario				/-30-2023					
Signature of Authorized Repr					-				
/// www	Jane)								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov