



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILEDSTAMP

MAR 29 2024 07 A.M. STATE

BY

145228

1. Entity ID Number 7458		2. Exact name of the Corporation T. DiNola Fuels, Inc.												
3. Principal Office Address 1021 East Avenue			City Oakland	State RI	Zip 02858									
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Sell, Buy, Distribute, Install, Service and Deal in Oil Business.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Thomas R. DiNola			Vice-President Name Thomas R. DiNola											
Street Address 1021 East Avenue			Street Address 1021 East Avenue											
City Oakland	State RI	Zip 02858	City Oakland	State RI	Zip 02858									
Secretary Name Thomas R. DiNola			Treasurer Name Thomas R. DiNola											
Street Address 1021 East Avenue			Street Address 1021 East Avenue											
City Oakland	State RI	Zip 02858	City Oakland	State RI	Zip 02858									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Thomas R. DiNola			Director Name											
Street Address 1021 East Avenue			Street Address											
City Oakland	State RI	Zip 02858	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">NUMBER OF SHARES</th> <th style="width:40%;">CLASS/SERIES</th> <th style="width:20%;">PAR VALUE</th> </tr> <tr> <td>NONE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE					
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
NONE														
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 Thomas R. DiNola-President					Date 2-29-24									
Signature of Authorized Representative <i>X Thomas R DiNola pres.</i>														