



State of Rhode Island
Department of State - Business Services Division

FILEDSTAMP

Annual Report for the year: **2024**

MAR 29 2024 07 A.M. U.S. STATE

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 14522

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			10. Shares Issued 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.			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 					

MAIL TO:
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