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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2024

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED	
MAY 2 4 2024	
BY	
	

	<u> </u>					
1. Entity ID Number	2. Exact name of the Corporation		7			
000629736	State FUEL HANDLERS UNION.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
KI	FUEL (ASPURIT Storage					
4. NAICS Code	1					
813930						
6. Principal Office Address		City	State	Zip		
144 Allens Av	<u>(E</u>	PROVIDENCE	RI	02903		
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name JEFFACY	M, CAIN	Vice-President Name William A. Diko				
Street Address 24 IS Lindo		Street Address 36 Old Hope Kent Rd. City Scituate State RT Zip 2831				
city Portsun outh	State RF 2ip 287/	J GETMAIL	State RI	zip02831		
Secretary Name Mike Ma	nni	Treasurer Name INANTIN ROSS				
Street Address 7/ Kno ++	y Oak Shrs.	Street Address Smitheld Road C/				
city Coventry	State RI Zip 28/6	North PROVIDENCE	State	^{Zip} 02904		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Nicholas	'ekins	Director Name William A Diko				
Street Address 15 Junipa La	•	Street Address 36 Old Hope kent Ad				
City Johnston	State R (Zip 02919	City Scituate	Stre	Zip 0283 (
Director Name Martin Ross		Director Name				
Street Address 565 Smithfie & R	d C1	Street Address 24 IS Ling Jan AUE				
porth Providence	State RT Zip 02904	Ciportsmouth	State F	^{Zip}		
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.						
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative						
Signature of Officer Authorized Representative SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

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

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