



State of Rhode Island and Providence Plantations
Department of State - Business Services Division


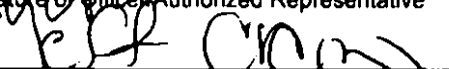
FILED

MAY 24 2024

BY 

Annual Report for the year: 2024
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000029726		2. Exact name of the Corporation STATE FUEL HANDLERS UNION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FUEL / ASPHALT Storage			
4. NAICS Code 813930					
6. Principal Office Address 144 ALLENS AVE			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEFFREY M. CAIN			Vice-President Name William A. Diko		
Street Address 24 ISLINGTON AVE			Street Address 36 Old Hope Kent Rd.		
City Portsmouth	State RI	Zip 02871	City Scituate	State RI	Zip 02831
Secretary Name Mike Manni			Treasurer Name MARTIN ROSS		
Street Address 71 Knotty Oak Shrs.			Street Address 565 Smithfield Road CI		
City Coventry	State RI	Zip 02816	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nicholas Perkins			Director Name William A Diko		
Street Address 15 Juniper Lane			Street Address 36 Old Hope Kent Rd		
City Johnston	State RI	Zip 02919	City SCITUATE	State RI	Zip 02831
Director Name MARTIN ROSS			Director Name JEFF CAIN		
Street Address 565 Smithfield Rd CI			Street Address 24 ISLINGTON AVE		
City North Providence	State RI	Zip 02904	City Portsmouth	State RI	Zip 02871
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative 					Date
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