



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 133412		2. Name of Corporation CAL PROMOTIONAL PRODUCTS INC.			
3. Street Address Principal Business Office P.O. Box 171			City ALBION	State RI	Zip 02802
4. Business Phone No. 401-333-9218		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island PROMOTIONAL PRODUCTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CATHERINE LALANNE			Vice President Name		
Street Address P.O. Box 171			Street Address		
City ALBION	State RI	Zip 02802	City	State	Zip
Secretary Name			Treasurer Name PAUL LALANNE		
Street Address			Street Address SAME		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares 1000	Class/Series COMMON	Par Value 0	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares NONE	Class/Series COMMON	Par Value 0
THIS SECTION MUST BE COMPLETED					

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.

Catherine A. Lalanne 1/31/08
Signature Date

Catherine A. Lalanne
Print or Type Name

President
Title

File Date:	FILED
Check No.:	FEB 11 2008
By:	<u>534 mnc</u>
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