

FOR SECRETARY OF STATE USE ONLY

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 Filing Period: January 1 - March 1 • Filing Fee: \$50,00* • THIS REPORT MUST BE TYPED OR PE 2012

* In accordance with R.I.G.L. 7-1.2-1 subject to a penalty fee of \$25.00.			ual report within thirty (30) days after		
1. Corporate ID No. 571427	2. Name of Corporation LATINAMERICA DISTRIBUTORS 1, INC				
3. Street Address Principal Business Office 1029 CHARLES STREET			NORTH PROVIDENCE	State RI	<i>Ζψ</i> 0 29 0 4
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of WHOLESALE DISTRIBUTION	of Business Conducted in Ri DN	bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name ABEL CARMONA			Vice Presideni Name		
Street Address 11 SOUTH LARCHMONT AVENUE			Street Address		
NORTH PROVIDENCE	State RI	<i>2ф</i> 0 29 11	Cuy	State	Ζψ
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zψ	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name ABEL CARMONA			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 11 SOUTH LARCHMONT AVENUE			Street Address		
Otty NORTH PROVIDENCE	State RI	<i>Z</i> ф 02911	Ctty	State	Zip
Director Name			Director Name		
Stroet Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1000	STK	\$0.01
This report must be executed this report must be executed or			d representative. If the corpora or trustee.	ation is in the hands of	a receiver or trustee,
File Date	Bv	FILED FEB 2 8 2012	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. HBEL CARHONA 2/9/12		

ABEL CARMONA Print or Type Name **PRESIDENT**

Title