



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 85808		2. Exact name of the Corporation Cala Fruit Distributors, Inc.			
3. Principal office address 71 Dexter Street		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 401-725-8189		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To sell fruit and vegetables and other products.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Danielle C. Faella			Vice-President Name Gerald L. Faella		
Street Address 71 Dexter Street			Street Address 71 Dexter Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Gerald L. Faella			Treasurer Name Gerald L. Faella		
Street Address 71 Dexter Street			Street Address 71 Dexter Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gerald L. Faella			Director Name		
Street Address 71 Dexter Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	COMMON	NO PAR

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 SECRETARY OF STATE
 CORPORATIONS DIV

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.

File Date
 Check No.
 FOR SECRETARY OF STATE USE ONLY

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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.

Danielle C. Faella 2-14-14
 Signature of Authorized Representative Date

Danielle C. Faella, President
 Print or Type Name of Authorized Representative