



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 2015

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. <u>133412</u>		2. Exact name of the Corporation <u>CAL PROMOTIONAL INC.</u>				
3. Principal office address <u>PO BOX 171</u>			City <u>ALBION</u>	State <u>RI</u>	Zip <u>02803</u>	
4. Business Phone No. <u>333-9218</u>			5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>PROMOTIONAL PRODUCTS</u>						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>						
President Name <u>CATHERINE LALANE</u>			Vice-President Name			
Street Address <u>PO BOX 171</u>			Street Address			
City <u>ALBION</u>	State <u>RI</u>	Zip <u>02803</u>	City	State	Zip	
Secretary Name			Treasurer Name <u>CATHERINE LALANE</u>			
Street Address			Street Address <u>SAME</u>			
City	State	Zip	City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>						
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						
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
				<u>NONE</u>	<u>COMMON</u>	<u>0</u>

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 1/13/15
 Signature of Authorized Representative Date

FILED

Catherine A. Lalanne
 Print or Type Name of Authorized Representative

JAN 16 2015

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