



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>163451</u>		2. Exact name of the Corporation <u>CAC DISTRIBUTORS INC</u>			
3. Principal office address <u>321 ABBOTT RUN VALLEY</u>			City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>
4. Business Phone No. <u>401 475-0152</u>			5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>BREAD VENDER</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>CARLOS A COSTA</u>			Vice-President Name <u>CARLOS A COSTA</u>		
Street Address <u>321 ABBOTT RUN VALLEY RD</u>			Street Address <u>SAME</u>		
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name <u>CARLOS A COSTA</u>			Treasurer Name <u>CARLOS A COSTA</u>		
Street Address <u>SAME</u>			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 <u>CARLOS A COSTA</u>			Director Name		
Street Address <u>321 ABBOTT RUN VALLEY RD</u>			Street Address		
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	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 <u>100</u>	CLASS/SERIES	PAR VALUE <u>NO PAR</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.

File Date
 Check No
 By
 FOR SECRETARY OF STATE USE ONLY

FILED
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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.
 Signature of Authorized Representative [Signature] Date 2-24-15
 Print or Type Name of Authorized Representative CARLOS A COSTA PRES-TREAS