



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

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.



**FILED**

MAR 06 2015

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

Date

**Irving Witzendorf, President**

Print or Type Name of Authorized Representative