



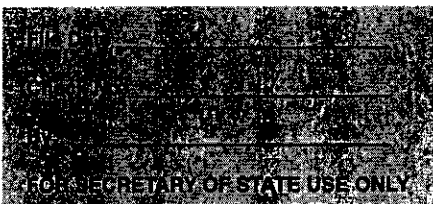
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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. 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 (NAME AND ADDRESSSES) (SEE INSTRUCTIONS) <input type="checkbox"/>						
President Name Irving N. Witzenfeld			Vice-President Name Ronald Brauman			
Street Address 71 Dexter Street			Street Address 71 Dexter Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860	
Secretary Name Ronald Brauman			Treasurer Name Ronald Brauman			
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 (NAME AND ADDRESSSES) (SEE INSTRUCTIONS) <input type="checkbox"/>						
Director Name Irving Witzenfeld			Director Name Ronald Brauman			
Street Address 71 Dexter Street			Street Address 71 Dexter Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED <input type="checkbox"/>						
10. SHARES ISSUED (SEE INSTRUCTIONS) <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

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 1-22-15

Irving Witzenfeld, President

Print or Type Name of Authorized Representative

BY 8621