

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

T .	Exact name of the limited I				
128426	CA DISTRIBUTION, EEC	•			
3. State of Formation 4. E	Brief description of the cha	racter of business conducted in Rho	de Island	-	
RI	Sale and distribution of paper, plastic and related janitorial, cleaning and food service products				
5. Principal office address 25 Slater Road		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED	LIABILITY COMPANY A	NO NAME OR TITLE OF CONTACT	PERSON:	The state of the s	
Contact Name Curtis M. Alves		Contact Title			
Street Address 25 Slater Road		City Cranston	State RI	Zip 02920	
7. LIST <u>ALL</u> MANAGERS (NAMES A ("X" BOX FOR ATTACHMENT)	ND ADDRESSES) OF T	HE LIMITED LIABILITY COMPANY,	IF APPLICABLE : DO	NOT LIST MEMBERS	
Manager Name Curtis Alves		Manager Name			
Street Address 25 Slater Road		Street Address	Street Address		
City Sta Cranston RI	I	City	State	Zip	
Manager Name		Manager Name	Manager Name		
Street Address		Street Address	Street Address		
City Sta	te Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISL	AND	in all the second			
This information is currently of reco		10. 20. 10.	200 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40 (10 A) 30 (10 A)	

FILED OCT 2 6 2015

BY 15435	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statements,
	and that all statements contained herein are true and correct.
Check No.	1) 150 C V 20 ma 10/3/10
	COUNTY COUNTY PARTY TO TO TO TO TO
By:	Signature of Authorized Person Date
EOG GEODETA DA OFICIATE LIGE ONLA	Curtis Alves, Manager
FOR SECRE IANT OF STATE USE UNLI	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012