



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
142342		CANTON DISTRIBUTORS CPL, INC.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
DE		to operate a central production facility and deal with real estate			
5. Principal Office Address			City	State	Zip
5 Fox Hollow Road			Sharon	MA	02067
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Carlos P. Andrade			Vice-President Name Virginio Sardinha		
Street Address 5 Fox Hollow Lane			Street Address 3 Esty Road		
City Sharon	State MA	Zip 02067	City Mendon	State MA	Zip 01756
Secretary Name Michael Cavallo			Treasurer Name Carlos P. Andrade		
Street Address 78 Eisenhower Drive			Street Address 5 Fox Hollow Lane		
City Sharon	State MA	Zip 02067	City Sharon	State MA	Zip 02067
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name Carlos P. Andrade			Director Name Virginio Sardinha		
Street Address 5 Fox Hollow Lane			Street Address 3 Esty Road		
City Sharon	State MA	Zip 02067	City Mendon	State MA	Zip 01756
Director Name Michael Cavallo			Director Name Carlos Santos		
Street Address 78 Eisenhower Drive			Street Address 3 Carlton Lane		
City Sharon	State MA	Zip 02067	City Foxboro	State MA	Zip 02035
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Carlos P. Andrade, President					Date 6/1/2016
Signature of Officer/Authorized Representative <i>Carlos P. Andrade</i>					SIGN DOCUMENT HERE

FILED

MAY 31 2016

BY 282108

**CANTON DISTRIBUTORS CPL, INC. / CORPORATE ID #142342
DIRECTORS CONTINUED:**

Alfredo Andrade

19 Jakes Junction
Attleboro, MA 02703

FILED
MAY 31 2016
BY 2821 DS
ID 142342