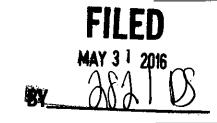


State of Rhode Island and Providence Plantations Department of State - Business Services Division

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. 4. Brief description of the character of business conducted in Rhode Island 3. State of Incorporation DE to operate a central production facility and deal with real estake 5. Principal Office Address City State Zip 5 Fox Hollow Road 02067 Sharon MA Check the box to indicate an attachment 6. List ALL officers (names and addresses) President Name Carlos P. Andrade Vice-President Name Virginio Sardinha Street Address 3 Esty Road Street Address 5 Fox Hollow Lane City Mendon City Sharon State MA Zip 02067 Zip 01756 State MA Treasurer Name Secretary Name Michael Cavallo Carlos P. Andrade Street Address Street Address 78 Eisenhower Drive 5 Fox Hollow Lane City Sh<u>aron</u> State State Zip 02067 Zip City 02067 MA Sharon MA 7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name **Director Name** Carlos P. Andrade Virginio Sardinha Street Address Street Address 5 Fox Hollow Lane 3 Esty Road City Sharon Zip 02067 City State State Zip 01756 MA Mendon MA Director Name Director Name Michael Cavallo Carlos Santos Street Address Street Address 3 Carlton Lane 78 Eisenhower Drive State Zip City State Zip City 02067 MA MA Foxboro 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filling 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. This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee Name of Officer/Authorized Representative 6/1/2016 Carlos P. Andrade, President Signature of Officer/Authorized Representative alacy SIGN DOCUMENT HERE



Form No. 631 Revised: 2016

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

Alfredo Andrade

19 Jakes Junction Attleboro, MA 02703

FILED

MAY 31 2016

BY 382105

TO 142342