



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.					
<b>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.</b>					
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 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

*2821 DS*

**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