State of Rhode Islar  Department of			Division			2017	
Annual Report for the	e year: 2017						
Corporation		<del></del>	<del></del>				
<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>		ot filed by April 1.				19 PM	
1. Entity ID Number							
37971	li .	2. Exact name of the Corporation  Can Am Sales, Inc.					
3. Principal Office Address			City		State	Zip	
9960 S. Ocean Drive, Unit 302			Jensen Be	ach	FL	34957	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
44-45 - Retail Trade	Packaging	Packaging field and related areas					
5. State of Incorporation							
Rhode Island	<u> </u>						
7. List ALL officers (names an	d addresses)			Chac	the boy to	indicate an attachment	
President Name John D. Felic			Vice-Presider	it Name	III-I	moicate an attachment	
John D. Fenci			I	Vice-President Name Susan J. Felici			
Street Address 9960 S. Ocean Drive, Unit 302				Street Address 9960 S. Ocean Drive, Unit 302			
City Jensen Beach	State FL	<sup>Zip</sup> 34957	City Jensen		State FL	<sup>Zip</sup> 34957	
Secretary Name Susan J. Felio				ne John D. Felici			
Street Address 9960 S. Ocean Drive, Unit 302			Street Addres	Street Address 9960 S. Ocean Drive, Unit 302			
City Jensen Beach	State FL	<sup>Zip</sup> 34957	City Jensen Beach		State FL		
8. List ALL directors (names a	nd addresses)		[Di4N		the box to	ndicate an attachment	
Director Name  John D. Felici			Director Name	•			
Street Address 9960 S. Ocean Drive, Unit 302			Street Addres	Street Address			
<sup>City</sup> Jensen Beach	State FL	<sup>Zip</sup> 34957	City	City		Zip	
Director Name		Director Name			· · · · · · · · · · · · · · · · · · ·		
Street Address	Street Addres	Street Address					
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of	record in the	10. Shares Iss		Check CLASS/SERIE		ndicate an attachment PAR VALUE	
This information is currently of record in the Department of State.  Changes require an additional filing.		100	· OFFICE			No Par	
11. This report must be execut	ed on behalf of the	corporation by an	authorized repres	sentative. If the corpo	oration is in t	the hands of a receiver or	
trustee, this report must be exc <b>Under penalty of perjury, I d</b> e	eclare and affirm t	hat I have examin	ed this report, i		mpanying s	chedules and	
<u>statements, and that all state</u> Name of Authorized Represen		herein are true an			Deta 1		
John D. Felici	lauve		FI	LED	Date /	0/2017	
Signature of Authorized Repre	sentative .	·		1 9 2017	<del></del>		
MAIL TO:			DV AL	1/125/2	2		

MAIL 107/ Division/of/Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov