



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

Annual Report for the year: **2017**

Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STATE
 R.I. DEPARTMENT OF
 BUSINESS SERVICES DIV.
 2017 JAN 19 PM 2:21

1. Entity ID Number 37971		2. Exact name of the Corporation Can Am Sales, Inc.			
3. Principal Office Address 9960 S. Ocean Drive, Unit 302			City Jensen Beach	State FL	Zip 34957
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Packaging field and related areas			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John D. Felici			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	Zip 34957	City Jensen Beach	State FL	Zip 34957
Secretary Name Susan J. Felici			Treasurer Name John D. Felici		
Street Address 9960 S. Ocean Drive, Unit 302			Street Address 9960 S. Ocean Drive, Unit 302		
City Jensen Beach	State FL	Zip 34957	City Jensen Beach	State FL	Zip 34957
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John D. Felici			Director Name		
Street Address 9960 S. Ocean Drive, Unit 302			Street Address		
City Jensen Beach	State FL	Zip 34957	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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>					
Name of Authorized Representative John D. Felici				Date 1/10/2017	
Signature of Authorized Representative <i>John D. Felici</i>				FILED ✓	
				JAN 19 2017	

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

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