| State  | of Rhode Island and Pro<br>Office of the Secreta             |                             | S Fee: \$50.00         |
|--|--|-----------------------------|------------------------|
|  | Division Of Business<br>148 W. River S<br>Providence RI 0290 | treet                       |                        |
| HOPE   | (401) 222-30   |                             |                        |
| Foreign Business Corpora<br>Annual Report<br>Filing Period: January 1 - March 1                                    | ation  |                             |                        |
| In accordance with R.I.G.L. 7-1.2-<br>annual report within thirty (30) day<br>(c&d)) is subject to a penalty fee o | rs after the time prescribed by l                            |                             |                        |
| ANNUAL REPORT YEAR: 2017   | -  |                             |                        |
| 1. Corporate ID No. 00000  | 02149  |                             |                        |
| 2. Name of Corporation <u>CON</u>  | SUMER PRODUCT DIST   | RIBUTORS, INC.              |                        |
| 3. Street Address Principal Bus  | siness Office:   |                             |                        |
| No. and Street:705 MEADCity or Town:CHICOPE  | DOW STREET<br>E State:                                       | <u>MA</u> Zip: <u>01013</u> | Country: <u>USA</u>    |
| 4. Business Phone No.  |  |                             |                        |
|  |  |                             |                        |
| 5. State of Incorporation  |  |                             |                        |
| State: <u>MA</u>   |  |                             |                        |
|  |  |                             |                        |
| Using the following NAICS codes  | s, please select the code that b                             | est describes your busin    | ess.                   |
| NAICS Code   |  | 6                           | <u>42</u>              |
| 6. Brief Description of the Cha  | racter of Business Conducte                                  | d in Rhode Island           |                        |
| WHOLESALE DISTRIBUTC   | OR OF TOBACCO, CANDY   | , GROCERIES, SUND           | DRIES AND FOOD         |
| 7. Names and Addresses of the  | • Officers and Directors:                                    |                             |                        |
| All officers and directors mu  | ust be listed.   |                             |                        |
| Title  | Individual Name  | Addre                       |                        |
|  | First, Middle, Last, Suffix                                  | Address, City or Town, Sta  | ate, Zip Code, Country |
| PRESIDENT  | JEFFREY M POLEP  | 705 MEAD<br>CHICOPEE, MA    | OW STREET<br>01013 USA |

| TREASURER  | JEFFREY M POLEP  |  | СН  | 705 MEADOW STREET<br>HICOPEE, MA 01013 USA     |  |  |
|--|--|--|---|--|--|--|
| SECRETARY  | DAVID A SHRAIR   |  | SPR   | 1380 MAIN STREET<br>SPRINGFIELD, MA 01103 USA  |  |  |
| DIRECTOR   | JEFFREY M POL  | JEFFREY M POLEP                                  |   | 705 MEADOW STREET<br>CHICOPEE, MA 01013 USA    |  |  |
| 8. Shares Authorized and Is  | sued   |  |   |  |  |  |
| Class of Stock   | Series of Stock  | Par Value Per Share                              |   | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br>Num of<br>Shares |  |
| CNP  |  | \$   | 0.0000  | 5,000.00                                       | 2000   |  |
| ndividuals signing this inst<br>signatory, under penalties o   | trument constitutes th<br>of perjury, that this in   | e affirma<br>strument                            | tion or ackn<br>is that indiv                       | owledgement of i<br>idual's act and d          | the<br>eed or the                                      |  |
| <b>Signed this 27 Day of Janu</b><br><i>individuals signing this insu-<br/>signatory, under penalties of</i><br><i>act and deed of the corpord</i><br><i>electronic filing, in complia</i><br>By <u>KELLY LETTMANN</u> | <b>hary, 2017 at 2:41:14</b><br>trument constitutes th<br>of perjury, that this in<br>ation, and that the fac<br>ince with R.I. Gen. La                            | e affirma<br>strument<br>ets stated<br>ws § 7-1. | tion or ackn<br>is that indiv<br>herein are t<br>2. | owledgement of i<br>idual's act and d          | the<br>eed or the                                      |  |
| individuals signing this inst<br>signatory, under penalties of<br>act and deed of the corpord<br>electronic filing, in complia<br>By <u>KELLY LETTMANN</u><br>Signature of Authorized H                                | <b>hary, 2017 at 2:41:14</b><br>trument constitutes th<br>of perjury, that this in<br>ation, and that the fac<br>ince with R.I. Gen. La                            | e affirma<br>strument<br>ets stated<br>ws § 7-1. | tion or ackn<br>is that indiv<br>herein are t<br>2. | owledgement of i<br>idual's act and d          | the<br>eed or the                                      |  |
| individuals signing this inst<br>signatory, under penalties o<br>act and deed of the corpord<br>electronic filing, in complia<br>By <u>KELLY LETTMANN</u>  | <b>hary, 2017 at 2:41:14</b><br>trument constitutes th<br>of perjury, that this in<br>ation, and that the fac<br>ince with R.I. Gen. La<br>Representative of the C | e affirma<br>strument<br>ets stated<br>ws § 7-1. | tion or ackn<br>is that indiv<br>herein are t<br>2. | owledgement of i<br>idual's act and d          | the<br>eed or the                                      |  |