



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1657405		2. Exact name of the Corporation Coastline Dairy Distributors, Inc.			
3. Principal office address 170 Royal Little Drive			City Providence	State RI	Zip 02904
4. Business Phone No. 401-383-0650		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Delivery of dairy goods					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James Carroll			Vice-President Name James Otis		
Street Address 157 Pine Street			Street Address 20 Johnson Avenue		
City Norton	State MA	Zip 02904	City North Kingstown	State RI	Zip 02852
Secretary Name James Carroll			Treasurer Name JAMES OTIS		
Street Address 157 Pine Street			Street Address 20 Johnson Avenue		
City Norton	State MA	Zip 02904	City N. Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	COMMON	NONE

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

BY 23853

FILED

FEB 17 2017

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.

Signature of Authorized Representative

Date

James Carroll

Print or Type Name of Authorized Representative

James R. Otis

James R. Otis

2/2/17