



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 133 412		2. Exact name of the Corporation CAL PROMOTIONAL PRODUCTS INC							
3. Principal Office Address PO BOX 171		City ALBION	State RI						
4. NAICS Code 7858		6. Brief description of the character of business conducted in Rhode Island PROMOTION ITEMS							
5. State of Incorporation RI									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name CATHERINE LALANNE		Vice-President Name							
Street Address PO BOX 171		Street Address							
City ALBION	State RI	Zip 02802							
Secretary Name		Treasurer Name CATHERINE LALANNE							
Street Address		Street Address SAME							
City	State	Zip							
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name		Director Name							
Street Address		Street Address							
City	State	Zip							
Director Name		Director Name							
Street Address		Street Address							
City	State	Zip							
9. Shares Authorized 1000		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>							
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td>COMMON</td> <td>0</td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE	COMMON	0
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
NONE	COMMON	0							
Changes require an additional filing.									
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.									
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.									
Name of Authorized Representative Catherine A. Lalanne		Date 8/12/17							
Signature of Authorized Representative <i>Catherine A. Lalanne</i>									

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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