



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.

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	Zip 02802
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	City	State	Zip
Secretary Name			Treasurer Name CATHERINE LALANNE		
Street Address			Street Address SAME		
City	State	Zip	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		NONE		COMMON	0
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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
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