



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ☐ Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85808		2. Name of Corporation Cala Fruit Distributors, Inc.			
3. Street Address Principal Business Office 71 DEXTER STREET		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. 4017258189		5. State of Incorporation RHODE ISLAND			6. SIC Code 2659
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL FRUIT AND VEGETABLES AND OTHER PRODUCTS.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X-BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Gerald L. Faella		Vice President Name Gerald L. Faella			
Street Address P.O. Box 348		Street Address P.O. Box 348			
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Secretary Name Gerald L. Faella		Treasurer Name Gerald L. Faella			
Street Address P.O. Box 348		Street Address P.O. Box 348			
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X-BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Gerald L. Faella		Director Name			
Street Address P.O. Box 348		Street Address			
City Wyoming	State RI	Zip 02898	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (X-BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X-BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 5 8 0 8

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.

Gerald L. Faella 2-12-5  
Signature of Officer Date

Gerald L. Faella  
Print or Type Name of Officer

President  
Title of Officer

\*85808 DBC 01/05/05 12:56:18 PM\*

File Date 2-22-05

Check No. 3033

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85808		2. Name of Corporation Cala Fruit Distributors, Inc.			
3. Street Address Principal Business Office 71 DEXTER STREET		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. 4017258189		5. State of Incorporation RHODE ISLAND			6. SIC Code 2659
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL FRUIT AND VEGETABLES AND OTHER PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerald L. Faella		Vice President Name Gerald L. Faella			
Street Address P.O. Box 348		Street Address P.O. Box 348			
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Secretary Name Gerald L. Faella		Treasurer Name Gerald L. Faella			
Street Address P.O. Box 348		Street Address P.O. Box 348			
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerald L. Faella		Director Name			
Street Address P.O. Box 348		Street Address			
City Wyoming	State RI	Zip 02898	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 5 8 0 8

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.

Gerald L. Faella 2-28-4  
Signature of Officer Date

Gerald L. Faella  
Print or Type Name of Officer

President  
Title of Officer

\*85808 DBC 01/22/04 10:03:39 AM\*

File Date 3-10-09

Check No. 2785

By: 10P

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *85808*		2. Name of Corporation Cala Fruit Distributors, Inc.			
3. Street Address Principal Business Office 71 DEXTER STREET		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. 4017258189		5. State of Incorporation RHODE ISLAND			6. SIC Code 2659
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL FRUIT AND VEGETABLES AND OTHER PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerald L. Faella			Vice President Name Gerald L. Faella		
Street Address P.O. Box 348			Street Address P.O. Box 348		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Secretary Name Gerald L. Faella			Treasurer Name Gerald L. Faella		
Street Address P.O. Box 348			Street Address P.O. Box 348		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerald L. Faella			Director Name		
Street Address P.O. Box 348			Street Address		
City Wyoming	State RI	Zip 02898	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 5 8 0 8 \*

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.

Gerald L. Faella 2-10-03  
Signature of Officer Date

Gerald L. Faella

Print or Type Name of Officer

President

Title of Officer

\*85808 DBC1/15/0311:24:35 AM\*

File Date 4-16-03

Check No. 2397

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85808** 2. Name of Corporation **Cala Fruit Distributors, Inc.**  
3. Street Address Principal Business Office **71 Dexter Street** City **Pawtucket** State **RI** Zip **02860**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2659**

7. Brief Description of the Character of Business Conducted in Rhode Island

To sell fruit and vegetables and other products.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
<b>Gerald L. Faella</b>	<b>Gerald L. Faella</b>
Street Address	Street Address
<b>P.O. Box 348</b>	<b>P.O. Box 348</b>
City	City
<b>Wyoming..</b>	<b>Wyoming</b>
State	State
<b>RI</b>	<b>RI</b>
Zip	Zip
<b>02898</b>	<b>02898</b>
Secretary Name	Treasurer Name
<b>Gerald L. Faella</b>	
Street Address	Street Address
<b>P.O. Box 348</b>	
City	City
<b>Wyoming</b>	
State	State
<b>RI</b>	
Zip	Zip
<b>02898</b>	

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
<b>Gerald L. Faella</b>	
Street Address	Street Address
<b>P.O. Box 348</b>	
City	City
<b>Wyoming..</b>	
State	State
<b>RI</b>	
Zip	Zip
<b>02898</b>	
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>common</b>	<b>no par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 5 8 0 8 \*

File Date: 2-28-02

Check No.: 1941

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Gerald L. Faella 2/25/02  
Signature of Officer Date

Gerald L. Faella  
Print or Type Name of Officer

President

Title of Officer

5



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85808** 2. Name of Corporation **Cala Fruit Distributors, Inc.**

3. Street Address Principal Business Office  
**71 Dexter Street**

City **Pawtucket**

State **RI**

Zip **02860**

4. Business Phone No.

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code **2659**

7. Brief Description of the Character of Business Conducted in Rhode Island

To sell and distribute produce and engage in all other lawful business

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Gerald L. Faella**

Vice President Name

**Gerald L. Faella**

Street Address

**P.O. Box 348**

Street Address

**P.O. Box 348**

City **Wyoming** State **RI** Zip **02898**

City **Wyoming** State **RI** Zip **02898**

Secretary Name

**Gerald L. Faella**

Treasurer Name

**Gerald L. Faella**

Street Address

**P.O. Box 348**

Street Address

**P.O. Box 348**

City **Wyoming** State **RI** Zip **02898**

City **Wyoming** State **RI** Zip **02898**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**Gerald L. Faella**

Director Name

Street Address

**P.O. Box 348**

Street Address

City **Wyoming** State **RI** Zip **02898**

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO PAR VALUE</b>	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>common</b>	<b>no par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 5 8 0 8 \*

File Date: 2/8

Check No.: 1105

By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Gerald L. Faella  
Signature of Officer Date

Gerald L. Faella  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

85808

Cala Fruit Distributors, Inc.

3. Street Address Principal Business Office

71 Dexter Street,

City

Pawtucket

State

RI

Zip

02860

4. Business Phone No.

401 725-8189

5. State of Incorporation

Rhode Island

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

To sell and distribute produce and engage in all other lawful business.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Gerald L. Faella

Gerald L. Faella

Street Address

Street Address

P.O. Box 348

City

State

Zip

Wyoming

RI

02898

City

State

Zip

Secretary Name

Treasurer Name

Gerald L. Faella

Gerald L. Faella

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Gerald L. Faella

Street Address

Street Address

P.O. Box 348

City

State

Zip

Wyoming

RI

02898

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

1000

Number of Shares

Class/Series

Par Value

no par

ISSUED SHARES

1000

Number of Shares

Class/Series

Par Value

no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: July 23 2000

Check No.: 011223 2000

By: D. H. J. 245894

FOR SECRETARY OF STATE USE ONLY

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 Officer

Date

Gerald L. Faella

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation							
85808		Cala Fruit Distributors, Inc.							
3. Street Address Principal Business Office		City	State	Zip					
71 Dexter Street		Pawtucket	RI	02860					
4. Business Phone No.		5. State of Incorporation		6. SIC Code					
401 725-8189		Rhode Island							
7. Brief Description of the Character of Business Conducted in Rhode Island									
To sell and distribute fruits and produce, and engage in all other lawful business.									
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name		Vice President Name							
Gerald L. Faella		Gerald L. Faella							
Street Address		Street Address							
P.O. Box 348									
City	State	Zip	City	State	Zip				
Wyoming	RI	02898							
Secretary Name		Treasurer Name							
Gerald L. Faella		Gerald L. Faella							
Street Address		Street Address							
City	State	Zip	City	State	Zip				
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS									
Director Name		Director Name							
Gerald L. Faella									
Street Address		Street Address							
P.O. Box 348									
City	State	Zip	City	State	Zip				
Wyoming	RI	02898							
Director Name		Director Name							
Street Address		Street Address							
City	State	Zip	City	State	Zip				
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES					ISSUED SHARES				
1000					1000				
Number of Shares	Class/Series	Par Value	no par	Number of Shares	Class/Series	Par Value	no par		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: JUL 22 2000  
Check No.: 245894  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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]  
Signature of Officer  
Gerald L. Faella  
Date  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

85808

Cala Fruit Distributors, Inc.

3. Street Address Principal Business Office

City

State

Zip

71 Dexter Street,

Pawtucket

RI

02860

4. Business Phone No.

5. State of Incorporation

401 725-8189

RI

7. Brief Description of the Character of Business Conducted in Rhode Island

To sell add distribute fruits, produce and engage in all other lawful business

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Gerald L. Faella

Gerald L. Faella

Street Address

Street Address

P.O. Box 348

City

State

Zip

City

State

Zip

Wyoming RI 02898

Secretary Name

Treasurer Name

Gerlad L. Faella

Gerald L. Faella

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Gerald L. Faella

Street Address

Street Address

P.O. Box 348

City

State

Zip

City

State

Zip

Wyoming RI 02898

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

1000

Number of Shares

Class/Series

Par Value

no par

ISSUED SHARES

1000

Number of Shares

Class/Series

Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: JUN 22 2000

Check No.: 245894

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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]  
Signature of Officer Date

Gerald L. Faella

Print or Type Name of Officer

President

Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

3. Street Address Principal Business Office 85808 Cala Fruit Distributors, Inc. State Zip  
4. Business Phone No. 71 Dexter Street Pawtucket RI 02860  
401 725-8189 5. State of Incorporation Rhode Island 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

To sell and distribute fruits, produce, and engage in all other lawful business

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Gerald L. Faella Vice President Name Gerald L. Faella  
Street Address Street Address  
P.O. Box 348  
City State Zip City State Zip  
Wyoming RI 02898  
Secretary Name Gerald L. Faella Treasurer Name Gerald L. Faella  
Street Address Street Address  
City State Zip City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Gerald L. Faella Director Name  
Street Address Street Address  
P.O. Box 348  
City State Zip City State Zip  
Wyoming RI 02898  
Director Name Director Name  
Street Address Street Address  
City State Zip City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES 1000  
Number of Shares Class/Series Par Value no par

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES 1000  
Number of Shares Class/Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: JUN 22 2000

Check No.: 245894

By: FOR SECRETARY OF STATE USE ONLY

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 Officer Gerald L. Faella Date

Gerald L. Faella

Print or Type Name of Officer

President

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 85808		2. NAME OF CORPORATION Faella Distributors, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 506 York Avenue		CITY Pawtucket	STATE RI	ZIP CODE 02860	
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 2659	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Sell fruit, vegetables, and other products					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Gerald L. Faella			VICE PRESIDENT NAME Gerald L. Faella		
STREET ADDRESS P.O. Box 348			STREET ADDRESS P.O. Box 348		
CITY Wyoming	STATE RI	ZIP CODE 02898	CITY Wyoming	STATE RI	ZIP CODE 02898
SECRETARY NAME Gerald L. Faella			TREASURER NAME Gerald L. Faella		
STREET ADDRESS P.O. Box 348			STREET ADDRESS P.O. Box 348		
CITY Wyoming	STATE RI	ZIP CODE 02898	CITY Wyoming	STATE RI	ZIP CODE 02898
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Gerald L. Faella			DIRECTOR NAME		
STREET ADDRESS P.O. Box 348			STREET ADDRESS		
CITY Wyoming	STATE RI	ZIP CODE 02898	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VALUE			1,000		No Par

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*Gerald L. Faella*  
Signature of Officer

Gerald L. Faella  
Print or Type Name of Officer

President  
Title of Officer

Date

File Date:

2/28/96

Check No:

1533

By:

CP

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