

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

3033

FOR SECRETARY OF STATE USE ONLY

File Date 2. 22 -05

Check No.

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 L Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. Cala Fruit Distributors, Inc. 85808 State Zip 3. Street Address Principal Business Office PAWTUCKET RI 02860 71 DEXTER STREET 6. SIC Code 5. State of Incorporation 4. Business Phone No. 2659 RHODE ISLAND 4017258189 7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL PRUIT AND VEGETABLES AND OTHER PRODUCTS. O NAMESAND ADDIESERADA OFFICIALIS (METODAGOS TRACEMENO) PROPOSOS DESCRIBIOS DESCRIBAÇÃOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA) (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (METODAGOS DE CONTRACTORA (Vice President Name President Name . Gerald L. Faella Gerald L. Faella Street Address Stree: Aduress P.O. Box 348 P.O. Box 348 Zip State City State Zip City 02898 RI Wyoming 02898 Wyoming Treasurer Name Secretary Name Gerald L. Faella Gerald L. Faella Street Address Street Address P.O. Box 348 P.O. Box 348 State Zip City State City 02898 RI 02898 Wyoming RT Wyoming A TAMESAND ADDIESTED (HEDRECOES) AS TOMORIVACIONED IN CHARACTERISTED TO A SECRETARION OF THE CONTROL OF THE CON Director Name Gerald L. Faella . Street Address Street Address P.O. Box 348 State Zip Zip ·City State City 02898 RI Wyoming Director Name Director Name Street Address Street Address Zip State City Zip State IN STATISTATION OF THE STATISTICS IN INC. IL SILVE STEELED FOR TOX FOR AN ALCOMENDAL ISSUED SHARES **AUTHORIZED SHARES** Par Value Number of Shares Class/Series Par l'alue Number of Shares Class/Series No Par Common 1,000 1,000 NO PAR VALUE 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.

Form 630 12/01

Signature of Officer

President

Title of Officer

Gerald L. Faella

Print or Type Name of Officer



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 -		Filing Fee: \$50.00			
FORM MUST BE TYPED IN E					
1. Carparate ID No. 85808	2. Name of Cor	Distributors, Inc.			
	·	Distributors, inc.	Len	State	17:-
3. Street Address Principal Busit 71 DEXTER STREET	iess Office	<i>:</i>	City PAWTUCKET	RI	<i>Zip</i> 02860
4. Business Phone No.		5. State of Incorpora			6. SIC Code
4. Business Phone No. 4017258189		RHODE ISLA			2659
7. Brief Description of the Churc TO SELL FRUIT AND V					
8. NAMES AND ADDRES	SES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS
Gerald L. Faella			Gerald L. Fael	la	
Sircel Address			Street Address		· · · · · · · · · · · · · · · · · · ·
P.O. Box 348			P.O. Box 348		
City	State	Zip	City	State	Zip
Wyoming Secretary Name	RI	02898	Wyoming ***Treasurer Name***	RI	02898
Gerald L. Faella			. Gerald L. Fae	lla	
Sireei Address		<u> </u>	* Sireet Address		·
P.O. Box 348			. P.O. Box 348		
City	State	Zip	Ciry	State	Zip
Wyoming	RI	02898	. Wyoming	RI	02898
9. NAMES AND ADDRES Director Name	SES OF THE D	IRECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Gerald L. Faella			•		
Street Address			Street Address	······································	-
P.O. Box 348			•		
City	State	Zip	•City	State	Zip
Wyoming	RI	02898			
Director Name			Director Name		
: -			•		
Sireei Address			*Street Address		
City	State	Zip	City	State	Zip
1 1	1		•	<u>†</u>	
10. SHARES AUTHORIZ	ED ("X" BOX F	OR ATTACHMENT)	HIL SHARES ISSUED ('X" BOX FOR ATTACHMEN	(1) []
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 side	ed in ink hu a	ither the President Vic	e President, Secretary, Ass	istant Secretary Treas	urer Receiver or Trusta
This report must be sign	: 	ine, ine i rebiberii, rie	5 7 1 cardem, occ. c.d. y, 1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	AL EDITI ÎN				
8 5 8	0 8			erjury, I declare and affirm	
				ng any accompanying sche ents contained herein are to	
*85808 DBC 01/22/04		•	and diet art statem	A A	ac and concer.
File Date 3.10	e·09		(jul	L' Vaelle	2-28-4
270	٬۲	_	Signature of Officer		Date
Check No. 0/8	<u> </u>		Gerald L. F	⁻ aella	
11.10)		Print or Type Name		
By: 10			President		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/0



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

2. Name of Corporation

Cala Fruit Distributors, Inc.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

FOR SECRETARY OF STATE USE ONLY

71 DEXTER STREET

1. Corporate ID No.

85808

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

7.ip

02860

Form 630 12/01

State

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

6. SIC Code 5. State of Incorporation 4. Business Phone No. 2659 **RHODE ISLAND** 4017258189 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 .Gerald L. Faella Gerald L. Faella Street Address Sireei Address P.O. Box 348 P.O. Box 348 Zip Ciry State Zip State City 02898 RI RI 02898 Wyoming Wyoming Secretary Name Treasurer Name Gerald L. Faella Gerald L. Faella Street Address Street Address P.O. Box 348 P.O. Box 348 City State 7.ip City State Zip . Wyoming RI 02898 02898 RI Wyoming 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 State Z.ip City Zip Cirv State 02898 Wyoming RI Director Name Director Name Street Address · Sireei Address City State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Par Value Class/Series Par Value Number of Shares Class/Series 1000 common no par 1,000 NO PAR VALUE 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. *85808 DBC1/15/0311:24:35 AM" 1-16-63 Date Signature of Officer Gerald L. Faella Check No. Print or Type Name of Officer

President

Title of Officer

City

PAWTUCKET

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

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

STOP PIEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK	d)				
1. Corporate ID No.	2. Name of Corporation	,			
85808	Cala Fruit Dist	ributors, Inc.			
3. Street Address Principal Business Of	fice		City	State	Zip
71 Doutor Str	eet		Pawtucket	RI	02860
4. Busines] Phone of ter Str	eec	5. State of Incorporation RHODE ISLAND			6. SIC Code 2659
7. Brief Description of the Character of	Business Conducted in R	hode Island			
To sell fruit 8. NAMES AND ADDRESSE President Name	and veget s of THE OFFICI	ables and othe ERS (*x* BOX FOR ATTACH	er products MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACHN	MENTS
Gerald L. Fae	ella		Gerald L. Fael Street Address	.la	
P.O. Box 348			P.O. Box 348		
City	State	Zip	City	State	Zip
Wyoming Secretary Name	. RI	02898	Wyoming Treasurer Name	RI	,02898
Gerald L. Fae	ella		Street Address		
P.O. Box 348	State	Zip	City	State	Zip
Wyoming 9. NAMES AND ADDRESSE Director Name	RI ES OF THE DIREC	02898 TORS ("X" BOX FOR ATTAI	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
Gerald L. Fac	ella		Street Address		
_{City} P.O. Box 348	State	Zip	City	State	Zip
Wyoming Director Name	RI	'02898	Director Name	• Section 1	
Street Address			Street Address		
City	State	Zip	: City	State	Zip ·
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("x"	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shates	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



File Date:	2-28-02	
Check No.:	1941	
Ru-	de	

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 perein are true and correct.

Signature of Officer	2 of	Fac	lla	2	125	102	
Sixnuture of Officer	$\overline{}$			Date			

Gerald L. Faella	
Print or Type Name of Officer	

Title of Officer

President

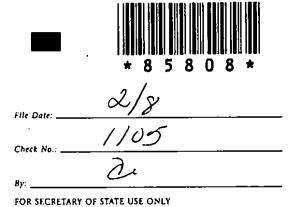


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ INSTRUCTIONS
ASTRUM

(FORM MUST	BE TYPED IN BLACE	K)				
1. Corporate ID	85808	2. Name of Carparattor Cala Fruit	Distributors,	Inc.		
3. Street Addres	ss Principal Business O			City	State	zıp 02860
	71 Dexter	Street		Pawtucket	RI	
4. Business Pho	one No.		5. State of Incorporation RHODE ISLAND	1		6. 265 \$
7. Brief Descrip	tion of the Character o	f Business Conducted in R	hode Island	2	la	huginoss
				nd engage in al		
		ES OF THE OFFICE	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACH	MENTS
President Name	Gerald L.	Faella		Gerald L. Fa	aella	
Street Address	P.O. Box	348		Street Address Box 34	8	
Спу	Wyoming	State RI	^{Zip} 02898	City Wyoming	State RI	^{Zip} 02898
Secretary Name				Treasurer Name		•
	Gerald L.	Faella		Gerald L. F	aella	
Street Address	P.O. Box	348		Street Address P.O. Box 34	8	
City	2000 = 011	State	Zip	City	State	Zip
•	Wyoming	RI	02898	Wyoming	RI	02898
9. NAMES Director Name	AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	S BEFORE USING ATTAC	HMENTS
	Gerald L.	Faella				
Street Address				Street Address		•
	P.O. Box	348				** 1**
City		State	Zip	'. City	State	Zip
	Wyoming	RI	02898			
Director Name				Director Name		
Street Address				Street Address	•	
City		State	Zip	City	State	Zip
10. SHARE		("X" BOX FOR ATTAC	THMENT)	11. SHARES ISSUED (*)	X° BOX FOR ATTACHMENT)	
Number of Sha	ires	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VAL	บE		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



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 beigin are true and correct.

Handlule of Officer	Date
Carald L. Faol	1
Gerald L. Fael	ru -

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

STOP PIT WE BE WE INSIRECTIONS

PROFIT CO Filing Period: Ja	ORPORA' nuary 1-Mar	TION	ANNU Filing Fee	AL REP : \$50.00	ORT FOR T	HE YEAR	_ 2000_	LILLANE ME AD
(FORM MUST BE TYPEE 1. Carparate ID No.		ne of Corporatio	on					
85808			Cala	Fruit Di	stributors,	Inc.		
3. Street Address Principal	Business Office				City	State	2	.ip
71 Dexte	r STreet,				Pawtucke	t	RI	02860
4. Business Phone No.				of incorporation			•	s. SIC Code
401 725- 7. Brief Description of the	8189 Character of Busines	s Conducted In	Rhode Island	Rhode Is	land			
To sell and 8. NAMES AND AI President Name	d distrib	oute pr THE OFFIC	oduce ERS (*x* 8	and enga ox for attach	IGE IN ALL O MENT) FILLIN SPA Vice President Name	ther lawful ces before USIN	. busines GATTACHMEN	s. TS
Gera Street Address	ld L. Fae	ella			Gerald Street Address	L. Faella		
P.O.	Box 348							
City	State		ZIp		City	State	:	Zip
Wyomin	g	RI		02898				
Secretary Name Geral	d L. Fael	lla			Treasurer Name Gerald	L. Faella		
Street Address					Street Address			
City	State		Zip		City	State	;	Zip
9. NAMES AND A	DDRESSES OF	THE DIRE	CTORS (*x	BOX FOR ATTA	CHMENT) FILL IN S	PACES BEFORE US	ING ATTACHMI	ENTS
Gera	ld L. Fae	ella						
Street Address	Box 348				Street Address			
City	State		Zip		City	State	,	Zip
Wyomin		RI	•	02898				
Director Name	•	•			Director Name			
Street Address					Street Address			
City	State		Zip		City	State		Zip
10. SHARES AUTH	ORIZED (*x* 8	OX FOR ATTA	CHMENT)		11. SHARES ISSU	ED ("X" BOX FOR AT	TACHMENT)	
AUTHORIZED SHARES	1000				ESUED SHARES	1000		
								Book (Zolova

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

Number of Shares

Class/Series

Par Value no par

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
File Date:	that all statements contained herein are true and correct.
TV 1.000 2000	Signature of Officer Date
Check No.: 1001213 2008	Gerald L. Faella
5 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Print or Type Name of Officer
Ву:	President
FOR SECRETARY OF STATE USE ONLY	Title of Officer

Par Value no par

Class/Series

Number of Shares



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

PROFIT CORPO			ORT FOR THE Y	EAR 1999	PLEASE READ EXSTRUCTIONS
(FORM MUST BE TYPED IN BLACE 1. Corporate ID No.	X) 2. Name of Corporation				
85808	• •	Cala Fruit Di	stributors, Inc.		
3. Street Address Principal Business O			City	State	Zip
71 Dexter Str	eet		Pawtucket	RI	02860
4. Business Chone No.		5. State of Incorporation	_	e e - et	6. SIC Code
401 725-8189 7. Brief Description of the Character of	f Business Conducted in Rho	Rhode Isl de island	and		
To sell and of 8. NAMES AND ADDRESSI President Name		_	duce, and engage (ENT) FILL IN SPACES BEFO Vice President Name	in all other PRE USING ATTACHME	
Gerald L. Fael Street Address	lla		Gerald L. Street Address	Faella	
P.O. Box 348					
City	State	Zip	City	State	Zip
Wyoming Secretary Name	RI	02898	Treasurer Name		
Gerald L. Fael Street Address	lla		Gerald L. Street Address	Faella	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS!	ES OF THE DIRECT	ORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES BE	FORE USING ATTACHM	MENTS
Gerald L. Fael	lla		Street Address		
P.O. Box 348	State	Zip	City	State	Zip
Wyoming	RI .	02898	Director Name		
Street Address	•		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED		MENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
AUTHORIZED SHARFS 100(Par Value	SSUED SHARES 1000	Class/Series	Par Value no nar
Number of Shares	Class/Series	rai value no par	Number of Shares	G1033/351163	rar value 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.
File Date:	
الأخفية ، فتاريبا أنه	Sterialure of Officer Date
Check No.: Juit 2 2 Zinil	Gerald L. Faella
m-2 11/1001	Print or Type Name of Officer
By X X X X X X X X X X X X X X X X	President
FOR SECRETARY OF STATE USE ONLY	Title of Officer



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



PROFIT COR Filing Period: Janua			ORT FOR THE	YEAR 1998	STOP PLEASURE AD EXSURE CHOSS
(FORM MUST BE TYPED IN E					
1. Corporate ID No.	2. Name of Corporation	ति ।			
85808 3. Street Address Principal Busin	ness Office	Cala Fruit Dis	stributors, Inc	C . State	Zip
71 Dexter 4. Business Phone No.	Street,	5. State of Incorporation	Pawtucket	RI	6. 5102860
401 725-8 7. Brief Description of the Chara			RHode Island		
		fruits, produc ERS (*X* BOX FOR ATTACHE	CE and engage in MENT) FILL IN SPACES E Vice President Name	in all other la	
Gerald-L.	Faella		Street Address Gerald	d L. Faella	
P.O. Box 3	348 State	Zip	City	State	Zip
Wyoming	RI	02898	Treasurer Name		
Gerlad L. Street Address	Faella		Smeet Address Gerald	d L. Faella	
City	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTAC	HMENTS
Gerald L.	Faella		Street Address		
P.O. Box	348 _{state}	Zip	City	State	Zip
Wyoming Director Name	RI	02898	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR ATTA	CHMENT)		X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	1000 Class/Series	Par Value no par	SSUED 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

	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.
File Date:	Standiure of Officer Date
Check No.: 1311 2 2 20011	Gerald L. Faella Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President Tute of Officer

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

Filling	Period: Janua	iry 1-March 1 •	Filing Fee: \$50.00			INSPIL CHOXS
(FORM M 1. Corpora	UST BE TYPED IN	BLACK) 2. Name of Corpo	ration			
	8580 & ddress Principal Busin		Cala Fruit D	istributors,	Inc.	Zip
4. Business	71 Dexte	er Street	5. State of Incorporation	Pawtucke	t RI	6. SIC Code
	401	725–8189 acter of Business Conducte		node Island		
To 8. NAM President N	IES AND ADDR	d distribute RESSES OF THE OF	e fruits, produc FICERS (*x* BOX FOR ATTACI	Ce, and enga HMENT) FILLIN SPA Vice President Name	ge in all other ces before using attac	lawful business CHMENTS
Street Addi		L. Faella		Street Address	Gerald L. Faell	a
City	P.O. Box	State	Zip	City	State	ZIp
Secretary N		RI 	02898	Treasurer Name	013 T	_
Street Addi		L. Faella		Street Address	Gerald L. Faell	a
City		State	Zip	City	State	Zip
9. NAM Director No		RESSES OF THE DI	RECTORS (*X* BOX FOR ATT)	ACHMENT) FILL IN S Director Name	PACES BEFORE USING ATT	TACHMENTS
Street Addi	-	L. Faella		Street Address		
City	P.O. Bo	State	Zip	City	State	Zip
Director N	Wyoming _{eme}	. RI	02898	Director Name		
Street Addi	ress			Street Address	.51.4	
City		State	Zip	City	State	Zip
10. SHA		ZED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSU	ED (*x* box for attachmen	TT)
AUTHORIZE Number of		Class/Series	Par Value no par	Number of Shares	000 Class/Series	Par Value

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
8 (17 N) 8 N (18 N)	this report, including any accompanying schedules and statements, and
	that all statements contained herein are true and correct.
JUN 2 2 2000	(seed I well
	Signature of Officer Date
Check No.: 245 75/1	Gerald L. Faella
Ву:	Print or Type Name of Officer President
FOR SECRETARY OF STATE USE ONLY	Title of Officer
1 /	time 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	PRINTIN BLACK INK.		
1. CORPORATE IO NO	2, NAME OF CORPORATION				
85808	Faell	a Distributors,	Inc		,
3. STREET ADORESS PRINCIPAL BUSINESS	OFFICE:		ail	STATE	∑IP C000€
506 York Av	renue		Pawtucket	RI	02860
A. BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC COOE
		RHODE IS	SLAND		2659
7. BRIEF DESCRIPTION OF THE CHARACTER	OF BUSINESS COMOUCTED IN PHOD	E ISLAND	 		
Sell fruir.	vecerables.	and other pr	oducts		
				FICERS	
PRESIDENT HAME	a . n .		ESSES OF THE OF VICE PRESIDENT NAME		
Carald 1 Fa	داام		Gerald L E	aella	
Ge_rald_LEa	1. C.,1.1. .		STREET ADDRESS		
P.C. Box 348	STATE	ZIP COOE	P.O. Box 34	STATE	T ZP CODE
	į	<u>i</u>	Mussins	[]	
Wyomingsecretain name	RI	02898	Wyoming TREASURER NAME	RI	02898
Gerald L. Fa	rella		'Gerald L. Fae	11a	
STREET ADDRESS	··		STREET ADDRESS		
P.O. Box 348			P.O. Box 348	100.00	70 COOE
aiy	STATE	ZP C004	(any	STATE	
Wyoming	RI	O2898	Wyoming	RI	02898
DIRECTOR NAME	<u>_</u>		ORECTOR NAME		
Gerald L. Fa	rella				
STREET ADDRESS			STREET ADDRESS		
P.O. Box 348	} STATE	ZIP CODE	GIY	STATE	1 27° C00€
		ì	j	SINIE	ar wee
Wyoming DRECTOR HAME	RI	02898	DIRECTOR NAME		
,	•		1		
STREET ADDRESS			STREET ADDRESS		
		Two coast		. Leven	ZIP CODE
COLA	STATE	ZIP COOE	; OIT	- STATE	ZF COUR
' 					
		SHARES AUTHOR	IZED AND ISSUED	ISSUED SHARES	·
MUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERVES	PAR VALUE	1 NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
	NO DAD VALUE		1,000		Do Par
1,000 SHS	NO PAR VALUE		1,000		70141
			\$ 3	}	
·					

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.
Date:	2/28/96	Signature of Officer

File Date:

Check No:

Ву:

For Secretary of State Use Only

Gerald L. Faella Print or Type Name of Officer

<u>President</u> Title of Officer

Date