



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED STAMP
SECRETARY OF STATE
CORPORATIONS DIV.

2019 FEB -5 AM 9:39

1. Entity ID Number 3468		2. Exact name of the Corporation W.J. CANAAN, INC.									
3. Principal Office Address 481 Dyer Street			City Cranston	State RI	Zip 02920						
4. NAICS Code 445230		6. Brief description of the character of business conducted in Rhode Island Produce wholesales									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Nathan Canaan			Vice-President Name Beth Faye Canaan								
Street Address 65 Orchard Drive			Street Address 65 Orchard Drive								
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920						
Secretary Name Patricia Narcessian			Treasurer Name Nathan Canaan								
Street Address 121 D'Agnillo Drive			Street Address 65 Orchard Drive								
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02920						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Nathan Canaan			Director Name Nau Castro								
Street Address 65 Orchard Drive			Street Address 481 Dyer Street								
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>CWP</td> <td>\$50.00 par value</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	4	CWP	\$50.00 par value
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4	CWP	\$50.00 par value									
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 Nathan Canaan					Date 1/02/19						
Signature of Authorized Representative 											

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY Qu QTBOP

FORM 630 - Revised: 10/2017