



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
STAMP

JUN 10, 2019

BY

1. Entity ID Number 142342		2. Exact name of the Corporation CANTON DISTRIBUTORS CPL, INC.	
3. State of Incorporation DE		5. Brief description of the character of business conducted in Rhode Island to operate a central production facility and to deal with real estate	
4. NAICS Code 311900			
6. Principal Office Address 5 Fox Hollow Lane		City Sharon	State MA
		Zip 02067-0000	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carlos P. Andrade		Vice-President Name Virginio Sardinha	
Street Address 5 Fox Hollow Lane		Street Address 3 Esty Road	
City Sharon	State MA	City Mendon	State MA
Zip 02067-		Zip 01756-	
Secretary Name Michael Cavallo		Treasurer Name Carlos P. Andrade	
Street Address 78 Eisenhower Drive		Street Address 5 Fox Hollow Lane	
City Sharon	State MA	City Sharon	State MA
Zip 02067-		Zip 02067-	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Carlos P. Andrade		Director Name Virginio Sardinha	
Street Address 5 Fox Hollow Lane		Street Address 3 Esty Road	
City Sharon	State MA	City Mendon	State MA
Zip 02067-		Zip 01756-	
Director Name Michael Cavallo		Director Name Carlos Santos	
Street Address 78 Eisenhower Drive		Street Address 3 Carlton Lane	
City Sharon	State MA	City Foxboro	State MA
Zip 02067-		Zip 02035-	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Carlos P. Andrade		Date 06/03/2019	
Signature of Officer/Authorized Representative <i>Carlos P. Andrade</i>		SIGN DOCUMENT HERE	

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

CANTON DISTRIBUTORS CPL, INC. / CORPORATE ID #142342
DIRECTORS CONTINUED:

JUN 10 2019

BY

[Handwritten signature]

BY

Alfredo Andrade

19 Jakes Junction
Attleboro, MA 02703

JUN 10 2019

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