



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 142342		2. Name of Corporation CANTON DISTRIBUTORS CPL, INC.			
3. State of Incorporation DELAWARE		4. Corporate address in Rhode Island - Street Address N/A		City	Zip
5. Foreign corporation: Enter principal office address 5 Fox Hollow Road		City Sharon		State MA	Zip 02067
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO DEVELOP, ACQUIRE BY LEASE, SUBLEASE, PURCHASE OR OTHERWISE LAND AND BUILDINGS					
7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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	Zip 02067	City Mendon	State MA	Zip 01756
Secretary Name Virginio Sardinha		Treasurer Name Virginio Sardinha			
Street Address 3 Esty Road		Street Address 3 Esty Road			
City Mendon	State MA	Zip 01756	City Mendon	State MA	Zip 01756
8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Carlos P. Andrade		Director Name Virginio Sardinha			
Street Address 5 Fox Hollow Lane		Street Address 3 Esty Road			
City Sharon	State MA	Zip 02067	City Mendon	State MA	Zip 01756
Director Name Arthur Placido		Director Name Carlos Santos			
Street Address 14 Leila Jean Drive		Street Address 3 East Ridge Road			
City Bristol	State RI	Zip 02809	City North Attleboro	State MA	Zip 02760
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Louis A. Sousa, Esq.		Address 5 Benefit Street			
Address		City Providence		Zip 02904	

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



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File Date 6-7-05

Check No. 001890

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.

Carlos P. Andrade 6/1/05
Signature of Officer Date

Carlos P. Andrade
Print or Type Name of Officer

President
Title of Officer

CANTON DISTRIBUTORS CPL, INC.

ADDITIONAL DIRECTOR:

Alfredo Andrade
19 Jakes Junction
Attleboro, MA 02703