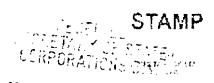
RI SOS Filing Number: 202032372410
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00



2020 JAN 15 BM II . LO

Date: 1/15/2020 4:00:00 PM

·		<u> </u>				m 11: 48
1. Entity ID Number	2. Exact name of the Corporation					
3468	W.J. Canaan, Inc.					
Principal Office Address			City		State	Zip
481 Dyer Street			Cranston		RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island					
445230	Produce wholesaler					
5. State of Incorporation	1					
Rhode Island						
7. List ALL officers (names and add	resses)				the box to in	dicate an attachment
President Name Nathah W. Canaan			Vice-President Name Nau Castro			
Street Address 65 Orchard Drive			Street Address 152 Wayland Avenue			
City Cranston	State RI	<sup>Zip</sup> 02920	City Cranston		State RI	<sup>Zip</sup> 02920
Secretary Name Beth Canaan			Treasurer Name Nathan W. Canaan			
Street Address 65 Orchard Drive			Street Address 65 Orchard Drive			
City Cranston	State RI	<sup>Zip</sup> 02920	City Cranston		State RI	<sup>Zip</sup> 02920
<ol><li>List ALL directors (names and a</li></ol>	ddresses)				k the box to in	dicate an attachment
Director Name Nathan W. Canaan			Director Name Nau Castro			
Street Address 65 Orchard Drive			Street Address 152 Wayland Avenue			
City Cranston	State RI	Zip 02920	City Cranston		State RI	<sup>Zip</sup> <b>02920</b>
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized 10. Shares						
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES  CWP \$50.		\$50.00 par value
11. This report must be executed o trustee, this report must be execute					oration is in the	ne hands of a receiver or
Under penalty of perjury, I declar statements, and that all stateme	re and affirm	that i haye examin	ed this report,	including any acco	mpanying sc	hedules and
Name of Authorized Representative		<del>- j</del>		<u> </u>	Date	1 1
Nathan W. Canaan 12/31/19						
Signature of Authorized Represent	ative //	SIGN DO	<u>CUMENT HER</u>	FILE		7
MAIL TO:				JAN)1 <b>≶</b> /	3020	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DBM 630 - Revised: 10/2017