RI SOS Filing Number: 202100579710 Date: 8/30/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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
AUG 30 2021 STAMP
BY 007947

1. Entity ID Number	2. Exact name of the Corporation
142342	CANTON DISTRIBUTORS CPL, INC.
3. State of Incorporation: RI	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	City	State	Zip
5 Fox Hollow Lane	Sharon	MA	02067-0000

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Carlos P. Andrade	Carlos P. Andrade
Street Address: 5 Fox Hollow Lane	Street Address: 5 Fox Hollow Lane
City: Sharon; State: MA; Zip: 02067-	City: Sharon; State: MA; Zip: 02067-
Secretary Name	**Treasurer Name**
Michael Cavallo	Carlos P. Andrade
Street Address: 78 Eisenhower Drive	Street Address: 5 Fox Hollow Lane
City: Sharon; State: MA; Zip: 02067-	City: Sharon; State: MA; Zip: 02067-

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Carlos P. Andrade	none
Street Address: 5 Fox Hollow Lane	Street Address: none
City: Sharon; State: MA; Zip: 02067-	City: none; State: none; Zip: none
Director Name	**Director Name**
Michael Cavallo	Carlos Santos
Street Address: 78 Eisenhower Drive	Street Address: 3 Carlton Lane
City: Sharon; State: MA; Zip: 02067-	City: Foxboro; State: MA; Zip: 02035-

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Carlos P. Andrade President	06/01/2021

Signature of Officer/Authorized Representative: Secretary

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

FORM 631 - Revised: 08/2020