



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.

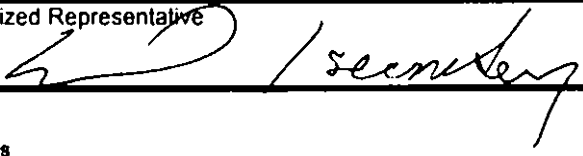
FILED

AUG 30 2021

STAMP

BY 007947

FOR
SECRETARY OF STATE
OFFICE

1. Entity ID Number 142342		2. Exact name of the Corporation 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 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 ☐					
President Name Carlos P. Andrade			Vice-President Name 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 Michael Cavallo			Treasurer Name 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 Carlos P. Andrade			Director Name none		
Street Address 5 Fox Hollow Lane			Street Address none		
City Sharon	State MA	Zip 02067-	City none	State none	Zip none
Director Name Michael Cavallo			Director Name 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 Carlos P. Andrade President				Date 06/01/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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