RI SOS Filing Number: 202329154280 Date: 2/21/2023 4:00:00 PM
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State of Rhode Island

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

Annual Report for the year:	2023
Corporation	2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FEB 2 1 2023 0

1. Entity ID Number	2. Exact nai	Exact name of the Corporation							
37971	Can Ar	Can Am Sales, Inc.							
<ul><li>3 Principal Office Address</li><li>9960 S. Ocean Drive Unit 1904</li></ul>		City Jensen Beach		State FL	Zip				
4. NAICS Code						34957			
561910		6. Brief description of the character of business conducted in Rhode Island							
5. State of Incorporation	—— Раскаді	ng field and rela	ated areas						
Rhode Island									
7. List ALL officers (names an	d addresses)			Cho	ock the box to	indicate an attachment			
President Name John D. Felici			Vice-President Name Susan J. Felici						
Street Address 9960 S. Ocean Drive Unit 1904			Street Address 9960 S. Ocean Drive Unit 1904						
<sup>City</sup> Jensen Beach	State FL	<sup>Zip</sup> 34957	City Jensen Beach		State FI	_ <sup>Zip</sup> 34957			
Secretary Name Susan J. F	Secretary Name Susan J. Felici		Treasurer Name John D. Felici						
Street Address 9960 S. Ocean Drive Unit 1904		Street Address 9960 S. Ocean Drive Unit 1904							
<sup>City</sup> Jensen Beach	State FL	<sup>Zip</sup> 34957	City Jensen Beach		State FL	<sup>Zip</sup> 34957			
8 List ALL directors (names a Director Name	nd addresses)			Che	eck the box to	indicate an attachment			
John D. Feli			Director Na	me		<u></u>			
Street Address 9960 S. Ocean Drive Unit 1904		S:reet Address							
<sup>City</sup> Jensen Beach	State FL	<sup>Ζιρ</sup> 34957	City		State	Zıp			
Director Name			Director Nai	ne					
Street Address		Street Address							
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Issu	ied	Cho	sk the box to	ndicate an attachment 🗖			
This information is currently of	record in the	NUMBER OF SHARES		Check the box to indicate an attachment CHASSISLRIFS PAR VALUE					
Department of State.		100		Common		No Par			
Changes require an additional fi	n additional filing.		-			-			
11. This report must be execut	ed on behalf of the	corporation by an a	uthorized repr	esentative. If the co	rporation is in t	the hands of a receiver or			
rustee, this report must be exe Under penalty of perjury, I de	ecuted on behalf of	the corporation by t	he receiver or	trustee					
statements, and that all state Name of Authorized Represent	ements contained	herein are true and	correct.			——————			
John D. Felici					Date 2/4/23				
Signature of Authorized Repres	sentative		<u>.</u>		<u>, L</u>	-1//			
	oten de	Fahrie							
AIL TO:				<u> </u>					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov