



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 21 2023
 2508 *ju*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 37971		2. Exact name of the Corporation Can Am Sales, Inc.			
3. Principal Office Address 9960 S. Ocean Drive Unit 1904			City Jensen Beach	State FL	Zip 34957
4. NAICS Code 561910		6. Brief description of the character of business conducted in Rhode Island Packaging field and related areas			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		
City Jensen Beach	State FL	Zip 34957	City Jensen Beach	State FL	Zip 34957
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		
City Jensen Beach	State FL	Zip 34957	City Jensen Beach	State FL	Zip 34957
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John D. Felici			Director Name		
Street Address 9960 S. Ocean Drive Unit 1904			Street Address		
City Jensen Beach	State FL	Zip 34957	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	Common	No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative John D. Felici				Date 2/4/23	
Signature of Authorized Representative <i>John D. Felici</i>					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov