



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

REC'D RIDGS BSI
24 FEB 29 AM 11:49
AMP

1. Entity ID Number 000003468		2. Exact name of the Corporation W.J. CANAAN, INC.			
3. Principal Office Address 481 Dyer Street			City Cranston	State RI	Zip 02920
4. NAICS Code 445230		6. Brief description of the character of business conducted in Rhode Island Produce wholesaler.			
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 Nathan W. Canaan			Vice-President Name Nau Castro		
Street Address 65 Orchard Drive			Street Address 152 Wayland Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Beth Faye Canaan			Treasurer Name Nathan W. Canaan		
Street Address 65 Orchard Drive			Street Address 65 Orchard Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			4		CWP
					PAR VALUE
					50.00 Par Value
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 Nathan W. Canaan					Date 2/12/24
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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