



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

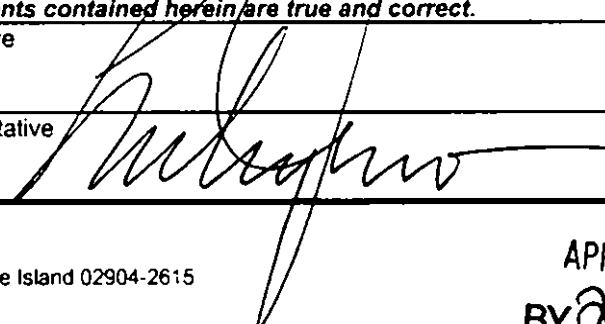
Corporation

→ 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 RIDOS BSC
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 TAMP

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 RI			
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	City Cranston	State RI
Zip 02920		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	City Cranston	State RI
Zip 02920		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	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		CLASS/SERIES	
		PAR VALUE	
		4	CWP
			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 2/26/2025	
Signature of Authorized Representative 			

FILED

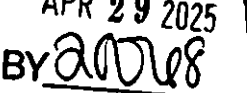
MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 29 2025
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