



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 40472		2. Name of Corporation C & C SERVICE, INC.			
3. Street Address Principal Business Office 784 VICTORY HIGHWAY		City NORTH SMITHFIELD	State RI	Zip 02896	
4. Business Phone No. 4017623054		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MOTOR VEHICLE SERVICE STATION					
7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ERNEST R CLOUGH		Vice President Name KEITH A CLOUGH			
Street Address 781 VICTORY HIGHWAY		Street Address CENTER STREET			
City N. SMITHFIELD	State RI	Zip 02896	City WOONSOCKET	State RI	Zip 02895
Secretary Name SHIRLEY M CLOUGH		Treasurer Name ERNEST R CLOUGH			
Street Address 781 VICTORY HIGHWAY		Street Address 781 VICTORY HIGHWAY			
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ERNEST R CLOUGH		Director Name SHIRLEY M CLOUGH			
Street Address 781 VICTORY HIGHWAY		Street Address 781 VICTORY HIGHWAY			
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			300	COMMON	NO PAR

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.



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File Date

2-17-09

Check No.

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By:

MMC

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

ERNEST R CLOUGH

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/05