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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 40472 | C & C SERVICE, INC. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 784 VICTORY HIGHWAY | | NORTH SMITHFIELD | RI | 02896 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 4017623054 | 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 | Street Address | City | State | Zip |
|---|---|---|---|---|
| ERNEST R CLOUGH | 781 VICTORY HIGHWAY | N. SMITHFIELD | RI | 02896 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| KEITH A CLOUGH | CENTER STREET | WOONSOCKET | RI | 02895 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| SHIRLEY M CLOUGH | 781 VICTORY HIGHWAY | N. SMITHFIELD | RI | 02896 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ERNEST R CLOUGH | 781 VICTORY HIGHWAY | N. SMITHFIELD | RI | 02896 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS** *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ERNEST R CLOUGH | 781 VICTORY HIGHWAY | N. SMITHFIELD | RI | 02896 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| SHIRLEY M CLOUGH | 781 VICTORY HIGHWAY | N. SMITHFIELD | RI | 02896 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

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**9. SHARES AUTHORIZED** *("X" BOX FOR ATTACHMENT)* ☐

| AUTHORIZED SHARES | | |
|---|---|---|
| *Number of Shares* | *Class/Series* | *Par Value* |
| 500 COMM NO PAR VALUE | | |
| | | |

**10. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

| ISSUED SHARES | | |
|---|---|---|
| *Number of Shares* | *Class/Series* | *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.*

[redacted] 40472 [redacted]

*40472 DBC 12/27/06 04:19:05 PM*
*File Date* 2-17-09
*Check No.* 7859
*By:* mnc
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*

[redacted] PRESIDENT
*Title of Officer*

Form 630 12/05