



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mullis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>3198</u>		2. Name of Corporation <u>CCC INC</u>		
3. Street Address (Principal Business Office) <u>69 BURNINGAME ROAD</u>		City <u>CRAWFORD</u>	State <u>RI</u>	Zip <u>02921</u>
4. Business Phone No.		5. State of Incorporation		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>A. MICHAEL LUMBARDI</u>		Vice President Name		
Street Address <u>2 WINTERBURN DRIVE</u>		Street Address		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02814</u>	City <u>SAME</u>	Zip
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares <u>4000</u>	Class/Series <u>COMMON</u>	Par Value <u>NO PAR</u>
		THIS SECTION MUST BE COMPLETED		

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.

File Date	<u>FILED</u>
Check No.	<u>JUN 14 2010</u>
By	<u>1256</u>
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.

A. Michael Lombardi 6-11-10
Signature Date

A. MICHAEL LUMBARDI
Print or Type Name

PRESIDENT
Title