



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>163650</b>		2. Exact name of the Corporation <b>CCK Contractors, Inc.</b>			
3. Principal office address <b>47 Rollingwood Drive</b>			City <b>Johnston</b>	State <b>Rhode Island</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-413-2732 401-764-5163</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To install and design commercial kitchens</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Ewa Mickalowski</b>			Vice-President Name <b>Ewa Mickalowski</b>		
Street Address <b>47 Rollingwood Drive</b>			Street Address <b>47 Rollingwood Drive</b>		
City <b>Johnston</b>	State <b>Rhode Island</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>Rhode Island</b>	Zip <b>02919</b>
Secretary Name <b>Ewa Mickalowski</b>			Treasurer Name		
Street Address <b>47 Rollingwood Drive</b>			Street Address		
City <b>Johnston</b>	State <b>Rhode Island</b>	Zip <b>02919</b>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			200	common	no par value

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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JAN 18 2013**

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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.

*Ewa Mickalowski* 1-19-13  
 Signature of Authorized Representative Date

**Ewa Mickalowski**

Print or Type Name of Authorized Representative