



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. 107177		2. Exact name of the Corporation C & C FIBERGLASS COMPONENTS, INC.			
3. Principal office address 75 BALLOU BLVD.			City BRISTOL	State RI	Zip 02809
4. Business Phone No. (401) 254-4342		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE, SELL, TRADE, ETC. FIBERGLASS AND RELATED ELEMENTS AND COMPONENTS.					
President Name JOSE DAPONTE			Vice-President Name ROSA DAPONTE		
Street Address 75 BALLOU BLVD			Street Address 75 BALLOU BLVD.		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name JOSE DAPONTE			Treasurer Name ROSA DAPONTE		
Street Address 75 BALLOU BLVD.			Street Address 75 BALLOU BLVD.		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSE DAPONTE			Director Name ROSA DAPONTE		
Street Address 75 BALLOU BLVD.			Street Address 75 BALLOU BLVD.		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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
			100	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.

Filed On _____
 Checked _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED
 FEB 28 2013
 5802

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.

Jose Daponte
 Signature of Authorized Representative
 Date **1-17-13**
JOSE DAPONTE
 Print or Type Name of Authorized Representative