



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					
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)					
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)					
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.

File Date: _____
Checked By: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 28 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.

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