



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.<br><b>114553</b>                                                                                                                                                                                |                    | 2. Exact name of the Corporation<br><b>C &amp; C MARINE, INC.</b> |                                                                     |                     |                     |
| 3. Principal office address<br><b>75 BALLOU BLVD.</b>                                                                                                                                                            |                    | City<br><b>BRISTOL</b>                                            | State<br><b>RI</b>                                                  | Zip<br><b>02809</b> |                     |
| 4. Business Phone No.<br><b>(401) 254-4342</b>                                                                                                                                                                   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                  |                                                                     |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>TO DESIGN, DEVELOP, CONSTRUCT, MAINTAIN, ENGINEER AND REPAIR BOATS, AND OTHER SEAFARING VESSELS AND THEIR COMPONENT PARTS.</b> |                    |                                                                   |                                                                     |                     |                     |
| 7. OFFICERS (NAME AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                                                               |                    |                                                                   |                                                                     |                     |                     |
| President Name<br><b>JOSE DAPONTE</b>                                                                                                                                                                            |                    |                                                                   | Vice-President Name<br><b>ROSA DAPONTE</b>                          |                     |                     |
| Street Address<br><b>75 BALLOU BLVD</b>                                                                                                                                                                          |                    |                                                                   | Street Address<br><b>75 BALLOU BLVD.</b>                            |                     |                     |
| City<br><b>BRISTOL</b>                                                                                                                                                                                           | State<br><b>RI</b> | Zip<br><b>02809</b>                                               | City<br><b>BRISTOL</b>                                              | State<br><b>RI</b>  | Zip<br><b>02809</b> |
| Secretary Name<br><b>JOSE DAPONTE</b>                                                                                                                                                                            |                    |                                                                   | Treasurer Name<br><b>ROSA DAPONTE</b>                               |                     |                     |
| Street Address<br><b>75 BALLOU BLVD.</b>                                                                                                                                                                         |                    |                                                                   | Street Address<br><b>75 BALLOU BLVD.</b>                            |                     |                     |
| City<br><b>BRISTOL</b>                                                                                                                                                                                           | State<br><b>RI</b> | Zip<br><b>02809</b>                                               | City<br><b>BRISTOL</b>                                              | State<br><b>RI</b>  | Zip<br><b>02809</b> |
| 8. DIRECTORS (NAME AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                                                              |                    |                                                                   |                                                                     |                     |                     |
| Director Name<br><b>JOSE DAPONTE</b>                                                                                                                                                                             |                    |                                                                   | Director Name<br><b>ROSA DAPONTE</b>                                |                     |                     |
| Street Address<br><b>75 BALLOU BLVD.</b>                                                                                                                                                                         |                    |                                                                   | Street Address<br><b>75 BALLOU BLVD.</b>                            |                     |                     |
| City<br><b>BRISTOL</b>                                                                                                                                                                                           | State<br><b>RI</b> | Zip<br><b>02809</b>                                               | City<br><b>BRISTOL</b>                                              | State<br><b>RI</b>  | Zip<br><b>02809</b> |
| 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.

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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*  
Signature of Authorized Representative

1-17-13  
Date

JOSE DAPONTE

Print or Type Name of Authorized Representative