



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 2014

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. 102253		2. Exact name of the Corporation Candle Corporation of America			
3. Principal office address 1 East Weaver Street		City Greenwich	State CT	Zip 06831	
4. Business Phone No. 203-661-1926		5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island Candles and Fragrance Products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Goergen, Jr.		Vice-President Name Joseph T. Cirillo			
Street Address 1 East Weaver Street		Street Address 1 East Weaver Street			
City Greenwich	State CT	Zip 06831	City Greenwich	State CT	Zip 06831
Secretary Name Michael Novins		Treasurer Name Jane Casey			
Street Address 1 East Weaver Street		Street Address 1 East Weaver Street			
City Greenwich	State CT	Zip 06831	City Greenwich	State CT	Zip 06831
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input 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	
		1000	Common	\$.10	

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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: _____

FILED
 DEC 10 2014
 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.
 Signature of Authorized Representative: Joseph T. Cirillo Date: 12/10/14
 Print or Type Name of Authorized Representative: Joseph T. Cirillo

FOR SECRETARY OF STATE USE ONLY
 Form No. 630
 Revised: 01/2012

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