

Revised: 01/2012

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.	2. Exact na	me of the Corporation			
000540397	CC GE	NERAL CONTRA	CTOR INC		
3. Principal office address 447 Walcott Street Apt 1			City Pawtucket	State RI	Zip 02861
4. Business Phone No. (617) 818-5433			5. State of Incorporation 05/21/2010 R I		
6. Brief description of the ch Construction	naracter of busines	s conducted in Rhode Island	d		
THE TAX OFFICERS (N	AMES AND ADD	RESSES) ("X" BOX FOR A	TTACHMENT)		
President Name Oscar Carranza			Vice-President Name)	na na mananana 1866 na 1864 tahun na mananda in 1964 ting 1869 NY Superior (1864) 1872 na 1984 ting 1872 na 19
Street Address			N (2)		
447 Walcott Street Apt 1			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip S S
Secretary Name			Treasurer Name		
Street Address			Street Address Street		
City	State	Zip	City	State	Zip Of City
8 LIST ALL DIRECTORS (NAMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name			Director Name	<u> Record Granton Carlo (1997) — Hali Carlo</u>	
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	U ("X" BOX FOR ATTACH	IMENT)
	eriografies in a state of the s	a ikina 1966 ang mengalah di 19	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.			1.00	STK	\$ 0.01
See Section 3 of Instruction	11 511661.				
This report must be execute	ed on behalf of the this report mu	corporation by an authorize ist be executed on behalf of	ed representative. If the of the corporation by the r	corporation is in the hands receiver or trustee.	s of a receiver or trustee,
File Date FILED			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.		
Check No	<u>, , , , , , , , , , , , , , , , , , , </u>	IILED	in Conn		
		JUN 0 2 2015	Signature of Authorized Representative Date		
FOR SECRETARY OF STA	ATE USE ONLY	(1211201	Oscar Carranz	za - President	
Form No. 630			Print or Type Name of Authorized Representative		

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