



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 **2012**

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. 000540897		2. Exact name of the Corporation CC GENERAL CONTRACTOR 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 RI						
6. Brief description of the character of business conducted in Rhode Island Construction								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
President Name Oscar Carranza			Vice-President Name					
Street Address 447 Walcott Street Apt 1			Street Address					
City Pawtucket	State RI	Zip 02861	City	State	Zip			
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
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) ☐								
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
						1.00	STK	\$ 0.01

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Oscar Carranza 02/27/2015
Signature of Authorized Representative Date

Oscar Carranza - President
Print or Type Name of Authorized Representative