State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2016
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
163136	CCMA, LLC
3. NAICS Code: 4539	4. Brief description of the character of business conducted in Rhode Island: RETAIL SALE OF KITCHEN SUPPLIES AND RELATED HOME GOODS
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
17 APPLE BLOSSOM LANE	COVENTRY	RI	02816

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
CHRISTOPHER COBB	OWNER

Street Address	City	State	Zip
17 APPLE BLOSSOM LANE	COVENTRY	RI	02816

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person	Date
CHRISTOPHER COBB	11/30/2016

Signature of Authorized Person: Christopher Cobb

FILED
DEC 05 2016
By 29021
A.A. 11:28 A.M.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov