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

Entity ID Number	2. Exact name of the Limited Liability Company				
793431	CCF COMPOSITES, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
441222					
5. State of Formation					
RI	BOAT BUILD:	ING			
6. Principal Office Address			City	State	Zip
			David - 1 - 1		
75 BALLOU BLV		al Manager Title of Con-	Bristol	RI	02809-2729
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	M E		Contact Title		
JOSE C. DAPONTE Street Address			LLC SINBLE MEMBER		
75 BALLOU BLVD.			City Bristol	State RI	Zip
		ho Limited Liebility Con	<u> </u>		02809-2729
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name					
· Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 the 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 Persor	Date 🤭	11.~			
JOSE C. DAPOI				Date 3	10/17
Signature of Authorized Person					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED TV

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