



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

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**Business Corporation
Annual Report**

Filing Period: January 1 - March 1



Help with this form

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000039923

2. Name of Corporation C.L.C. CUSTOM PACKAGING & LABELING, INC.

3. Street Address Principal Business Office:

No. and Street: 620 SPRING STREET

P.O. BOX 512

City or Town: NORTH DIGHTON

State: MA

Zip: 02764

Country: USA

4. Business Phone No.

508-977-0463

5. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



31-33

FILED

AUG 17 2017

BY CONFIRM # 458155

6. Brief Description of the Character of Business Conducted in Rhode Island

2017 AUGUST 17 10:29:24 AM EST
 2017 AUGUST 17 10:29:24 AM EST
 2017 AUGUST 17 10:29:24 AM EST

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
	TREASURER	ROBERT J CARUSO	14 COTE STREET ATTLEBORO, MA 02703 USA
	PRESIDENT	ROBERT E CARDARELLI	585 WOODWARD ROAD NORTH PROVIDENCE, RI 02904- USA
	VICE PRESIDENT	MICHAEL A LUNGI	46 NORTH HULL STREET EAST PROVIDENCE, RI 02914 USA

Select From Below ▼ Title:

First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:
 Clear Add

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	500.00	100.00

9. 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.

Signed this 17 Day of August, 2017 at 2:29:24 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT J CARUSO
 Signature of Authorized Representative of the Corporation

• Accept Decline