

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2017 **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.

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Number 2. Exact name of the Limited Liability Company					
CC Titles, LLC					
4. Brief description of the character of business conducted in Rhode Island					
Title searches and any other lawful purpose.					
•		City	State	Zip	
		North Scituate	RI	02857	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Cheryl Commendatore			Contact Title Sole Member		
Street Address 6 Peeptoad Road			State RI	^{Zip} 02857	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
State	Zip	City	State	Zıp	
Manager Name			Manager Name		
Street Address			Street Address		
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 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					
Cheryl Commendatore 10/2/17					
Signature of Authorized Person SIGN DOCUMENT HERE					
The state of the s					
	4. Brief descrip Title searche billity Company and addresses) of addresses) of addresses of add	CC Titles, LLC 4. Brief description of the characteristic searches and any other characteristic searches and any other characteristic searches and not addresses) of the Limited Liability Company and Name or Title and addresses) of the Limited Liability State State	CC Titles, LLC 4. Bnef description of the character of business conducted in Title searches and any other lawful purpose. City North Scituate Contact Title Sole Member and addresses) of the Limited Liability Company, IF APPLICABLY Manager Name Street Address State Zip City Manager Name Street Address State Zip City City City Manager Name Street Address State Zip City Manager Name Street Address State Zip City Manager Name Street Address	CC Titles, LLC 4. Brief description of the character of business conducted in Rhode Island Title searches and any other lawful purpose. City North Scituate Contact Title Sole Member Contact Title Sole Member City North Scituate State RI Manager Name Street Address State Zip City State Manager Name Street Address State Zip City State Check the box to ind. This information is currently of record with the Department of State. Changes require filing lare and affirm that I have examined this report, including any accompanying lares contained herein are true and correct. Date Date Date	

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 OCT 1 0 2017