



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

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2018 JAN 25 AM 11:07

1. Entity ID Number 114553	2. Exact name of the Corporation C & C MARINE, INC.
--------------------------------------	---

3. Principal Office Address 75 BALLOU BLVD.	City BRISTOL	State RI	Zip 02809
---	------------------------	--------------------	---------------------

4. NAICS Code 333923	6. Brief description of the character of business conducted in Rhode Island TO DESIGN, DEVELOP, CONSTRUCT, MAINTAIN, ENGINEER AND REPAIR BOATS, AND OTHER SEAFARING VESSELS AND THEIR COMPONENT PARTS.
5. State of Incorporation RHODE ISLAND	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSE DAPONTE			Vice-President Name ROSA DAPONTE		
Street Address 75 BALLOU BLVD.			Street Address 75 BALLOU BLVD.		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name JOSE DAPONTE			Treasurer Name ROSA DAPONTE		
Street Address 75 BALLOU BLVD.			Street Address 75 BALLOU BLVD.		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSE DAPONTE			Director Name ROSA DAPONTE		
Street Address 75 BALLOU BLVD.			Street Address 75 BALLOU BLVD.		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 34%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">NO PAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE								
100	COMMON	NO PAR								

11. 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.

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 Representative JOSE DAPONTE	Date 1/22/18
--	------------------------

Signature of Authorized Representative 	SIGN DOCUMENT HERE FILED IAN 25 2018
--	--

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

BY 322628
 A.A.