



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

FILED

MAR 01 2018

Annual Report for the year: 2018
Corporation

BY _____

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

1. Entity ID Number 1667571		2. Exact name of the Corporation CREATIVE CAPITAL LENDING INC			
3. Principal Office Address 480 LOG ROAD			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 522291		6. Brief description of the character of business conducted in Rhode Island LENDING			
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 LARRY C WISE			Vice-President Name LARRY C WISE		
Street Address 480 LOG ROAD			Street Address 480 LOG ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name LARRY C WISE			Treasurer Name LARRY C WISE		
Street Address 480 LOG ROAD			Street Address 480 LOG ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		COMMON
					PAR VALUE
					NPV
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. <i>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.</i>					
Name of Authorized Representative LARRY C WISE					Date 2/27/2018
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

MAR 01 2018

BY 1034 DS