



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

**STAMP**

**Annual Report for the year: 2019**  
**Corporation**

- 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 <b>60787</b>		2. Exact name of the Corporation <b>C.C. Business Corp.</b>	
3. Principal Office Address <b>265 Admiral Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
4. NAICS Code <b>561720</b>	6. Brief description of the character of business conducted in Rhode Island <b>Janitorial Services</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Marcellus Sharpe</b>		Vice-President Name <b>Marcellus Sharpe</b>	
Street Address <b>265 Admiral Street</b>		Street Address <b>265 Admiral Street</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>
			State <b>RI</b>
			Zip <b>02904</b>
Secretary Name <b>Marcellus Sharpe</b>		Treasurer Name <b>Marcellus Sharpe</b>	
Street Address <b>265 Admiral Street</b>		Street Address <b>265 Admiral Street</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>
			State <b>RI</b>
			Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued	
		NUMBER OF SHARES	CLASS/SERIES
		<b>500</b>	<b>Common</b>
			<b>No Par</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Marcellus Sharpe</b>			Date <b>1/22/19</b>
Signature of Authorized Representative  SIGN DOCUMENT HERE <b>FILED</b> <b>JAN 28 2019</b> BY <u>11492</u>			

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