

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

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.

FILED

MAR 19 2019

BY 1777 DS

1. Entity ID Number 000114553		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 441222		6. Brief description of the character of business conducted in Rhode Island SALE OF BOATS			
5. State of Incorporation RI					
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			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
			100		COMMON
					PAR VALUE 0
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 <u>JOSE C. DAPONTE, JR.</u>					Date 3/13/19
Signature of Authorized Representative JOSE C. DAPONTE, JR.					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov