

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 18 2019 *02*

BY 1170

1. Entity ID Number CCC1C7177		2. Exact name of the Corporation C & C FIBERGLASS COMPONENTS, INC.			
3. Principal Office Address 75 BALLOU BLVD.			City BRISTOL	State RI	Zip 02809
4. NAICS Code 339900		6. Brief description of the character of business conducted in Rhode Island FIBERGLASS MANUFACTURER			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name JOSE C. DAPONTE, JR.			Vice-President Name ROSA C. DAPONTE		
Street Address 2 LISA LANE			Street Address 2 LISA LANE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name JOSE C. DAPONTE, JR.			Treasurer Name ROSA C. DAPONTE		
Street Address 2 LISA LANE			Street Address 2 LISA LANE		
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
Director Name JOSE C. DAPONTE, JR.			Director Name ROSA C. DAPONTE		
Street Address 2 LISA LANE			Street Address 2 LISA LANE		
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					Check the box to indicate an attachment
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	
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 <i>Jose C. Daponte</i>					Date 3/13/19
Signature of Authorized Representative JOSE C. DAPONTE, JR.					

MAIL TO:
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