



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS  
2019 MAY 20 PM 12:42

1. Entity ID Number 1338110		2. Exact name of the Corporation C and C Lemonade Incorporated	
3. Principal Office Address 2956 Tower Hill Rd		City Saunderstown	State RI Zip 02874
4. NAICS Code 445120	6. Brief description of the character of business conducted in Rhode Island Selling Del's Frozen lemonade		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Ray Lyons		Vice-President Name	
Street Address 2956 Tower Hill Rd		Street Address	
City Saunderstown	State RI	Zip 02874	City State Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Ray Lyons		Director Name	
Street Address 2956 Tower Hill Rd		Street Address	
City Saunderstown	State RI	Zip 02874	City State Zip
Director Name Amanda Lyons		Director Name	
Street Address 2956 Tower Hill Rd		Street Address	
City Saunderstown	State RI	Zip 02874	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 81232	CLASS/SERIES COMMON
			PAR VALUE
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 Ray Lyons		Date 5/16/2019	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

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

FILED

MAY 20 2019

Kc V1CX6

FORM 630 - Revised: 10/2017