



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

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

**FILED**  
 JUL 11 2019 : 02  
 1073

- 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>001667571</b>		2. Exact name of the Corporation <b>Creative Capital Lending Inc.</b>			
3. Principal Office Address <b>1645 Warwick Ave. #224</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
4. NAICS Code <b>522310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Lending Services</b>			
5. State of Incorporation <b>Rhode Island</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>Larry Wise</b>			Vice-President Name <b>NONE</b>		
Street Address <b>488 Log Rd.</b>			Street Address <b>NONE</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Secretary Name <b>Dorene Mcshane</b>			Treasurer Name <b>Larry Wise</b>		
Street Address <b>201 Mishnock Road</b>			Street Address <b>488 Log Rd.</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</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 <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SERIES	
		1000		None	
				PAR VALUE	
				None	
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>Larry Wise</b>				Date <b>7/9/2019</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	