



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

JUL 11 2019

02

1073

1. Entity ID Number 001667571		2. Exact name of the Corporation Creative Capital Lending Inc.			
3. Principal Office Address 1645 Warwick Ave. #224		City Warwick		State RI	Zip 02889
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island Lending Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Larry Wise		Vice-President Name NONE			
Street Address 488 Log Rd.		Street Address NONE			
City Smithfield	State RI	Zip 02917	City NONE	State NONE	Zip NONE
Secretary Name Dorene Mcshane		Treasurer Name Larry Wise			
Street Address 201 Mishnock Road		Street Address 488 Log Rd.			
City West Greenwich	State RI	Zip 02817	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	None	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. 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 Larry Wise				Date 7/9/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	