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State of Rhode Island

→ Filing period: January 1 - March 1

Department of State - Business Services Division

Annual Report for the year: 2021 Corporation

FILED STAMP

→ Penalty: Additional \$:	25.00 fee if form is no	ot filed by April 1.		m x32	<u>.V_</u> _		
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
160756	C & A Desig	C & A Design and Construction Inc.					
3. Principal Office Address			City		State	Zip	
73 Shore Drive			Johnston		RI	02919	
4. NAICS Code	6. Brief descr	iption of the chara	cter of business co	onducted in Rhode I	sland	<u> </u>	
236117	Home remo	Home remodeling and construction					
5. State of Incorporation		o .					
RI							
7. List ALL officers (names	and addresses)				the box to in	dicate an attachment	
President Name Corey Bibby	Vice-President Name Corcy Bibby						
Street Address 73 Shore Drive			Street Address 73 Shore Drive				
City Johnston	State RI	^{Zip} 02919	City Johnston		State RI	Zip 02919	
Secretary Name Corey Bibby			Treasurer Name Corey Bibby				
Street Address 73 Shore Drive			Street Address 73 Shore Drive				
City Johnston	State RI	Z _{IP} 02919	City Johnston		State RI	^{Zip} 02919	
8. List ALL directors (name	s and addresses)	•		Check	the box to in	ndicate an attachment 🗀	
Director Name Corey Bibby			Director Name				
Street Address 73 Shore Dri	ive		Street Address				
City Johnston	State RI	Zip 02919	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is		Check	the box to in	ndicate an attachment [
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
				Common No.		No Par	
Changes require an addition	ial filing.						
11. This report must be exe trustee, this report must be					oration is in t	he hands of a receiver o	
Under penalty of perjury,	I declare and affirm	that i have exami	ned this report, ir		mpanying so	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	· ·· · · ·	
Corey Bibby					12/15	lans	
Signature of Authorized Be	presentative				1 // /	100	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov