RI SOS Filing Number: 202192630610 Date: 2/23/2021 4:00:00 PM

(III)

State of Rhode Island

Department of State - Business Services Division	

Ankuai Report for the year:	2021
Corporation	

FFR 93 2021

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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Entity ID Number	2. Exact name of the Corporation								
81612	CC Corporation								
3. Principal Office Address		City		State	Zip				
530 Wellington Avenue			Cranston		RI	02910			
4. NAICS Code	•								
337110	The manufacture, sale and/or distribution of cabinets and/or furniture.								
5. State of Incorporation	7								
RI									
7. List ALL officers (names and a	iddresses)			Check	the box to i	ndicate an attachment			
President Name James Dingley			Vice-President Name James Dingley						
Street Address 530 Wellington Avenue			Street Address 530 Wellington Avenue						
City Cranston	State RJ	Zip 02910	City Cransto		State R1	^{Zip} 02910			
Secretary Name James Dingley			Treasurer Name James Dingley						
Street Address 530 Wellington Avenue			Street Address 530 Wellington Avenue						
City Cranston	State RI	^{Z₁p} 02910	City Cranston		State RJ	^{Zip} 02910			
8. List ALL directors (names and	addresses)				the box to i	ndicate an attachment 🔲			
Director Name James Dingley			Director Nam	e					
Street Address 530 Wellington Avenue			Street Address						
City Cranston	State RI	Zip 02910	City		State	Zip			
Director Name	·		Director Nam	e					
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 red Department of State.	cord in the	NUMBER OF SHARES		CLASS/SERIES PAR VALUE		T			
•		200		Common		None			
Changes require an additional filing.									
11. This report must be executed	on behalf of the	corporation by an	authorized repre	sentative. If the corpo	oration is in t	the hands of a receiver or			
trustee, this report must be execu	uted on behalf of	the corporation by	the receiver or t	rustee.					
Under penalty of perjury, I dec statements, and that all staten	iare and amirm i nents contained	tnat I nave examin I herein are true ai	ed this report, i nd correct.	including any accor	npanying s	chedules and			
Name of Authorized Representative						Date			
James Dingley						1/16/21			
Signature of Authorized Representative President									
MAIL TO:	1	11	CSINEW	<u> </u>					

Division of Business Services

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

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