Date: 5/21/2021, 2:28:00 PM RI SOS Filing Number: 202197127070

State of Rhode Island

Department of State - Business Services Division R.I. DEPT. OF STATE

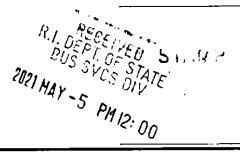
Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

BUS SYCS DIV

2021 MAY 21 AM 11: 28



→ Penalty: Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number 000039923		Exact name of the Corporation C.L.C. Custom Packaging & Labeling, Inc.					
3. Principal Office Address 620 Spring Street P.O. Box 512			City North Digh		State MA	2ip 02764	
4. NAICS Code 561990 5. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island Product Packaging, Display Design and Assembly, Warehousing, Distribution, Bar Code Label Printing					
RI 7. List ALL officers (names a	and addresses)	 -		Che	ck the box to in	ndicate an attachment	
President Name Robert E Car	Vice-President Name Michael A Lunghi						
Street Address 5373 Whitten	Dr.		Street Addres	s 46 North Hull St	reet		
City Naples	State FL	Zip34104	City East Providence		State RI	Zip 02914	
Secretary Name			Treasurer Name Robert J Caruso				
Street Address			Street Address 14 Cote Street				
City	State	Zip	City Attleboro		State MA	Zip 02703	
Elist ALL directors (names Director Name Street Address	and addresses)		Director Name	e	ck the box to in	ndicate an attachment 🔲	
City	State	Zıp	City		State	Zıp	
Director Name			Director Name			L	
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Is	<u>l</u> sued	Che	eck the box to it	ndicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CNP CLASS/SERIES		\$0.00	
Changes require an additional filing.				0			
11. This report must be exe	cuted on behalf of the	corporation by an	authorized repre	sentative. If the co	rporation is in t	he hands of a receiver or	
trustee, this report must be Under penalty of perjury,	l declare and affirm	that I have exami	ned this report,	rustee. including any acc	companying s	chedules and	
statements, and that all st Name of Authorized Repres	na correct.	o correct.		Date			
Robert J Caruso			med	7 202)			
Signature of Authorized Re	Presentative					FII FI	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 2 1 2021

FORM 630 - Revised