



State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

2021 MAY 21 AM 11:28

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAY -5 PM 12:00

1. Entity ID Number 000039923		2. 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 Dighton		State MA									
					Zip 02764									
4. NAICS Code 561990		6. Brief description of the character of business conducted in Rhode Island Product Packaging, Display Design and Assembly, Warehousing, Distribution, Bar Code Label Printing												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Robert E Cardarelli			Vice-President Name Michael A Lunghi											
Street Address 5373 Whitten Dr.			Street Address 46 North Hull Street											
City Naples	State FL	Zip 34104	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									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	\$0.00			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	CNP	\$0.00												
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 Robert J Caruso					Date MAY 7, 2021									
Signature of Authorized Representative 														

FILED

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 21 2021

FORM 630 - Revised 08/2020
BY 60392

2:28