RI SOS Filing Number: 202197127160 Date: 5/21/2021 2:27:00 PM

State of Rhode Island
Department of State - Business Services Division

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2021 MAY -5 PM 12:00

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2021 MAY 21 AM 11:28

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.

1. Entity ID Number	2. Exact name of the Corporation		
000039923	C.L.C. Cutom Packaging & Labeling, Inc.		
3. Principal Office Address	City	State	Zip
620 Spring Street P.O. Box 512	North Dighton	MA	02764
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
561990	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 F. 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.

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	Date
Robert J Caruso	May 3, 2021

Signature of Authorized Representative: Robert J Caruso

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: 2:27