




State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

JAN 31 2023
 BY 11801 ES

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>62787</u>		2. Exact name of the Corporation C.C. Business Corp.			
3. Principal Office Address 265 Admiral Street			City Providence	State RI	Zip 02904
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island Janitorial Services			
5. State of incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marcellus Sharpe			Vice-President Name Marcellus Sharpe		
Street Address 265 Admiral Street			Street Address 265 Admiral Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Marcellus Sharpe			Treasurer Name Marcellus Sharpe		
Street Address 265 Admiral Street			Street Address 265 Admiral Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	No Par
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 Marcellus Sharpe				Date 1/27/23	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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