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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation

- 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 81612		2. Exact name of the Corporation CC Corporation			
3. Principal Office Address 530 Wellington Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 337110		6. Brief description of the character of business conducted in Rhode Island The manufacture, sale and/or distribution of cabinets and/or furniture.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Dingley			Vice-President Name James Dingley		
Street Address 530 Wellington Avenue			Street Address 530 Wellington Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name James Dingley			Treasurer Name James Dingley		
Street Address 530 Wellington Avenue			Street Address 530 Wellington Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Dingley			Director Name		
Street Address 530 Wellington Avenue			Street Address		
City Cranston	State RI	Zip 02910	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			
		200	Common	None	
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 James Dingley				Date 1/28/24	
Signature of Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
448 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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