



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.

REC'D RIDOS BSD
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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 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		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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