

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.

JUL 15 2024  
10730 *al*

1. Entity ID Number 000292894		2. Exact name of the Corporation CTC INC.			
3. Principal Office Address 24 PONTIAC AVENUE			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUOR SALES BAR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name CARL T. CHEVALIER			Vice-President Name CARL T. CHEVALIER		
Street Address 1687 BROAD STREET			Street Address 1687 BROAD STREET		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Secretary Name CARL T. CHEVALIER			Treasurer Name CARL T. CHEVALIER		
Street Address 1687 BROAD STREET			Street Address 1687 BROAD STREET		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		STK	
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.					
<b>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.</b>					
Name of Authorized Representative					Date 7/11/2024
Signature of Authorized Representative CARL T. CHEVALIER					

**MAIL TO:**  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov