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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2025**

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 <b>000941754</b>	2. Exact name of the Corporation <b>C &amp; C Imports Exports LLC</b>		State <b>RI</b>	Zip <b>02860</b>
3. Principal Office Address <b>108 Columbus Ave</b>			City <b>PAWTUCKET</b>	
4. NAICS Code <b>423940</b>	6. Brief description of the character of business conducted in Rhode Island <b>ONLINE MERCHANDISE SALES</b>			
5. State of Incorporation <b>RI</b>				

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>CARLOS ALBERTO CAUCALI</b>		Vice-President Name <b>CARL HENRY LALIBERTI JR.</b>		
Street Address <b>108 COLUMBUS AVE</b>		Street Address <b>475 BALLOW ST</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>WOONSOCKET</b>	State <b>RI</b>
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>100</b>		<b>0.001</b>

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 <b>CARLOS ALBERTO CAUCALI</b>	Date
Signature of Authorized Representative 	

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

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FORM 630- Revised: 12/2023