

REC'D RI SOS BSD  
25 MAR 17 AM 9:36:20



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

Annual Report for the year: 2022  
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>			
3. Principal Office Address <b>108 Columbus Ave</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</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>	Zip <b>02895</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100		PAR VALUE
				0.001	
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. <i>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.</i>					
Name of Authorized Representative <b>CARLOS ALBERTO CAUCALI</b>					Date
Signature of Authorized Representative 					<b>FILED</b>
					<b>MAR 17 2025</b>

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

BY CSME3 9:44  
BL