



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 866266		2. Name of Corporation CCKA ELITE PRODUCTIONS INC		
3. Street Address Principal Business Office 281 RESERVOIR AVENUE			City LINCOLN	State RI
4. Business Phone No. 401 265 1213		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island PERFORMING ARTS COMPANY				
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name CARMEN VIEIRA		Vice President Name CARLOS MONTEIRO		
Street Address 281 RESERVOIR AVENUE		Street Address 281 RESERVOIR AVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI
Secretary Name CARLOS LOPES		Treasurer Name ANA LOPES		
Street Address 126 BAXTER AVE		Street Address 126 BAXTER AVE		
City PAWUCKET	State RI	Zip 02861	City PAWUCKET	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name CARMEN VIEIRA		Director Name ANA LOPES		
Street Address 281 RESERVOIR AVENUE		Street Address 126 BAXTER AVE		
City LINCOLN	State RI	Zip 02865	City PAWUCKET	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED: (X) BOX FOR ATTACHMENT <input type="checkbox"/> 10. SHARES ISSUED: (X) BOX FOR ATTACHMENT <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1000	COMMON	NO PAR	600	COMMON
				NO PAR
			THIS SECTION MUST BE COMPLETED	

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.

11:02 AM
FILED
JAN 06 2015
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By: KM
FOR SECRETARY OF STATE USE ONLY

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.
Signature: Carmen Vieira Date: 12/7/14
Print or Type Name: CARMEN VIEIRA
Title: PRESIDENT