Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification information	l e								
For calend	lar plan year 2017 or fi	scal plan year beginning 01/01/2	2017	and ending 12	2/31/2017						
A This re	turn/report is for:	x a single-employer plan		lan (not multiemployer) (mployer information in ac	_						
		a one-participant plan	a foreign plan			,					
B This reti	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m					
	special extension (enter description)										
Part II		ormation—enter all requested in	formation								
1a Name C & M, LLC	of plan RETIREMENT PLAN				1b Three-diging plan numb (PN) ▶						
					1c Effective of	date of plan 10/01/2005					
	sponsor's name (emplo g address (include roo		2b Employer (EIN)	Identification Number 20-3686029							
		ce, country, and ZIP or foreign post		tructions)		telephone number					
C & W LLC						01-437-8369					
2158 PLAINI	FIELD PIKE				Zu Business	code (see instructions) 561790					
UNIT 9 CRANSTON	I, RI 02921					301790					
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN					
Ja Fian aunimistrator's name and address A Same as Fian Sponsor.											
					3c Administra	ator's telephone number					
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN						
	sor's name	TISOI S Hame, LIN, the plan hame a	and the plan number nom	ine iast return/report.	4d PN						
C Plan N	Name										
5a Total	number of participants	s at the beginning of the plan year			. 5a 14						
_	•	s at the end of the plan year			5b	17					
		account balances as of the end of			5c	1					
	,	articipants at the beginning of the pl			5d(1)	14					
		articipants at the end of the plan year			5d(2)	17					
than	100% vested	terminated employment during the			5e	0					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable cau							
SB or Sche	edule MB completed a	ther penalties set forth in the instructed and signed by an enrolled actuary, and the state of t									
SIGN	Filed with authorized	l/valid electronic signature.	09/18/2018	MICHAEL DEFFLEY							
HERE	Signature of plan a		Date	Enter name of individe	ual signing as pla	an administrator					
SIGN					<u> </u>						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individual signing as employer or plan spons							

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							× Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not deter	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instruc	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year	
а	Total plan assets	7a	14	19802				1507160	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	14	19802				1507160	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ·	Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	10	02786					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						102786	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	Administrative service providers (salaries, fees, commissions) 8f							
g	Other expenses								
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)							15428	
i_	i Net income (loss) (subtract line 8h from line 8c)							87358	
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2J 3B 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			,			
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X			
	reported on line 10a.)			10b		X			
С				10c		Χ			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g			·	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No				
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or	ficeal clan year beginning	01/01/0017		40/04/4		
1 of calefidat plan year 2017 of		01/01/2017	and ending	12/31/2		
A This return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	(Filers checking t	his box must attach a	
A this recumbreport is for,	a one-participant plan	a foreign plan	mployer information in a	ccordance with th	e rorm instructions.)	
B This return/report is	L a one-participant plan	☐ a loreight plant				
D This return/report is	the first return/report	the final return/report				
	an amended return/report	a short plan year retu	m/report (less than 12 m	onths)		
C Check box if filing under:						
• Officer box it iming drider.	X Form 5558	automatic extension		□ DFVC progra	m	
	special extension (enter desc					
	formation—enter all requested in	formation				
1a Name of plan				1b Three-digi	i	
C & M, LLC RETIREME	NT PLAN			plan numb	er 001	
				(PN) •		
				1c Effective of		
2a Pian sponsor's pame (emp	loyer, if for a single-employer plan)			10/01/2		
Mailing address (include ro	om, apt., suite no. and street, or P.O	O. Box)			dentification Number 3686029	
City or town, state or proving	nce, country, and ZIP or foreign posi-	tal code (if foreign, see inst	tructions)	ļ		
C & M LLC				401-437	telephone number	
0150 011777777				<u> </u>	ode (see instructions)	
2158 PLAINFIELD PIR	Æ			561790	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
UNIT 9						
CRANSTON	RI 02921					
3a Plan administrator's name	and address 🏻 Same as Plan Spo	nsor.		3b Administra	tor's EIN	
4 If the name and/or EIN of t this plan, enter the plan so	he plan sponsor or the plan name hoonsor's name, EIN, the plan name a	as changed since the last r	return/report filed for	4b EIN		
a Sponsor's name	,,		idoz iotalizioport.	4d PN		
C Plan Name						
5a Total number of participant	ts at the beginning of the plan year.			5a	14	
b Total number of participant	ts at the end of the plan year	***************************************	***************************************	5b	17	
C Number of participants with	h account balances as of the end of	the plan year (only defined	contribution plans	5c		
	participants at the beginning of the pl		3	5d(1)	14	
	participants at the end of the plan ye				1.	
e Number of participants wh	no terminated employment during the	e nlan vear with accrued be	anofite that wore lace			
than 100% vested				5e	(
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	ise is establishe	d.	
SB or Schedule MB completed belief, it is true, correct, and cor	other penalties set forth in the instruction and signed by an enrolled actuary, a polete	ctions, I declare that I have as well as the electronic ve	examined this return/reportsion of this return/report	oort, including, if a t, and to the best	applicable, a Schedule of my knowledge and	
SIGN M Lett		9/18/18	MICHAEL DEFFLE	e Y	***************************************	
HERE Signature of plan						
55 VIA 111	aunnistrator	Date	Enter name of individ		n administrator	
SIGN HERE	4)	9/18/18	MICHAEL DEFFLE	CY	······································	
Signature of emp	loyer/plan sponsor	Da(e /	Enter name of individu	ual signing as em	nlover or plan sponsor	

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С	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in if "Yes" is checked, enter the My PAA confirmation number from the	an indepe and condi not use Fo nsurance p	endent qualified public a tions.) orm 5500-SF and mus orogram (see ERISA se	accountant (it instead us ection 4021)	QPA)	X Yes ☐ No m 5500.	
	art III Financial Information	T comment					
	Plan Assets and Liabilities		(a) Beginning ((b) End of Year	
	Total plan assets	7a	1,	419,802		1,507,160	
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7с	1,	419,802		1,507,160	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b) Total	
а	Contributions received or receivable from: (1) Employers	Po(4)					
***************************************	(2) Participants	8a(1)					
	(3) Others (including rollovers)	8a(2) 8a(3)		*************			
b	Other income (loss)	8b		102,786			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		202,700		102,786	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		15,428			
g	Other expenses	8 g			14.70		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				15,428	
i	Net income (loss) (subtract line 8h from line 8c)	81				87,358	
j	Transfers to (from) the plan (see instructions)	8i	· · · · · · · · · · · · · · · · · · ·		77 - 7 - 7		
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3B 3D	feature co	des from the List of Pla	an Character	istic C	odes in the instructions:	
b							
Par	t V Compliance Questions						
10	During the plan year:			Yes	No	Amount	
8	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOI 's V						

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	101			AND HER MEN AND A STATE OF THE PROPERTY SEASONS AND

Form	5500	-SF	201	7

Page	3-		
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Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d complete Sch	edule S	3B		Yes	☐ No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					************				
12	ERISA?									
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year									
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.								
<u>b</u>	Enter the minimum required contribution for this plan year		12b							
	Enter the amount contributed by the employer to the plan for this plan year		12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d							
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	□ N	/A			
Part	VII Plan Terminations and Transfers of Assets	***************************************	·			***************************************				
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	x	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		***************************************	***				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?	ught under the	**********		Yes	X No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to			*************				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			
		 	***************************************			***************************************				

***************************************			**************							