

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 2010

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.

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1. Corporate ID No.	2. Name of Corporation				
10171	3CVEN.	TURE INC			
3. Street Address Principal Business C 74 577WE	-A		CRANSTEN	State R. I	0292C
4. Business Phone No.		5. State of Incorporation			
6. Brief Description of the Character of	<u> 1/38</u>	RHODE -	ESLAND		
REAL ESTA	TE				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🗍 FILL IN SPACE	S BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
VERONICA P. CROCE			ARTHUR S. CROCE		
Street Address 20 PALMER AVE,			Street Address LU FALMER AVE.		
City	State	Zi6	City	State	Zip
CEAUSTEN	PI	02920	CRANSTON	RI	01920
THUM AS CROCE JE.			THOMAS CROCE, JR.		
Street Address			Street Address		
14 STONE DRIVE			74 STONE DEIVE		
City	State	Zip	City	State	Zip
CRANSTEN	K.+:	0.2920	CRAUSTON	$R:\mathcal{I}$	02920
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	. ' -	CES BEFORE USING A	TTACHMENTS
	A CONF		Director Name		
VERONICA F. CROCE			Strong Address		
20 PALMER AVE.			CRHASTON State L. I. 210 02920		
CRANSTEN	State R.L.	02920	CRHASTON	State L. I.	2ip 02920
Director Name ARTHUR 5	CROCE		Director Name		
Street Address 20 PHLMER	AVE.		Street Address		
CRANSTON	State PI	Zip 61-920	City	State	Zip
9. SHARES AUTHORIZED 600	1	1	10. SHARES ISSUED ("X"		 ENT) [
			ISSUED SHARES THIS SECTION I		
This information is currently	of record in the Office	ce of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an ad instruction sheet.	ortional filling. See S	Section 9 of	GOO NO PAR VALLE	COMMON	NOIPAR
This report must be executed this report must be executed o	on behalf of the corporate behalf of the corporate the cor	poration by an authorize pration by the receiver of	I d representative. If the corpora or trustee.	tion is in the hands of	a receiver or trustee,
	•	•			

File Date	FILED
Check No	FEB 23 2010
Ву:	By \\2 3
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.

Asthus S. Cree 2/20/10
Signature Date

HCHUR S. CROCE Print or Type Name

VICE PRESIDENT