



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2014
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 794780		2. Exact name of the Corporation C II C Corp.			
3. Principal Office Address 11 South Angell Street			City Providence	State RI	Zip 02906
4. NAICS Code 72 - Accommodation and Fo		6. Brief description of the character of business conducted in Rhode Island Restaurant with liquor license. Pub style food.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paolo Catucci			Vice-President Name Carlo Catucci		
Street Address 20 Quincy Street			Street Address 11 South Angell Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
Secretary Name NA			Treasurer Name NA		
Street Address NA			Street Address NA		
City NA	State NA	Zip NA	City NA	State NA	Zip NA
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NA			Director Name NA		
Street Address NA			Street Address NA		
City NA	State NA	Zip NA	City NA	State NA	Zip NA
Director Name NA			Director Name NA		
Street Address NA			Street Address NA		
City NA	State NA	Zip NA	City NA	State NA	Zip NA
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			2000	STK	\$0.0100
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 Carlo Catucci, Vice President				Date 2/7/17	
Signature of Authorized Representative <i>Carlo Catucci</i>				FILED	

RECEIVED
 R.I. DEPT OF STATE
 BUS SVCS DIV
 2017 FEB 24 AM 11:28

FILED
FEB 24 2017

BY 29670
 A.A. 11:26 AM

MAIL TO:
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