



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
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 34177		2. Exact name of the Corporation S C R, Inc.	
3. Principal Office Address 41 Shepard Avenue		City Providence	State RI
		Zip 02904	
4. NAICS Code 53 - Real Estate and Rental	6. Brief description of the character of business conducted in Rhode Island To own and manage real estate and do all things incidental thereto.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Salvatore Compagnone <i>SK</i>		Vice-President Name Guido Ricciardi	
Street Address 41 Shepard Avenue		Street Address 2 Major Arnold Road	
City Providence	State RI	City Narragansett	State RI
Zip 02904		Zip 02882	
Secretary Name Same as President		Treasurer Name Same as Vice President	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 300	CLASS/SERIES No
		PAR VALUE	
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 Salvatore Compagnone, President		Date 3/24/17	
Signature of Authorized Representative <i>Salvatore Compagnone</i>			

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

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