RI SOS Filing Number: 201737454450 Date: 3/6/2017 4:00:00 PM

State of Rhode Island and Department of Sta			vision				
			*101011				
Annual Report for the year	ar: 20	17					
Corporation							
→ Filing period: January 1 - M → Filing Fee: \$50.00	iarch 1						
→ Penalty: Additional \$25.00 fe	ee if form is not fil	ed by April 1.					
1. Entity ID Number		• '					
10171	2. Exact name of the Corporation 3 C VENTURE, ENC. City State Zip						
	<u> </u>	KN/UK	E ENC	<u>, · </u>	IState	17: _~	
3. Principal Office Address					1	17976	
74 STONE				NSTON	RI	02926	
4. NAICS Code	6. Brief description	on of the character	of business co	onducted in Rhode Isl	land		
8/]						
5. State of Incorporation				_			
R.I.		AL ES	TATE				
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment Vice-President Name				
VERONICA P. CROCE			ARTHUR S. CROCE				
Street Address			Street Address				
City 20 PALME	R AVE			ALMER ,	AVE.	l _{zia}	
CRANSTON	R.I.	Zip 02920	CKA	VSTON	State J	8292 D	
Secretary Name		•	Treasurer Name	e _.			
THOMAS CA	ERIC L. CROCE						
Street Address 14 STONE DRIVE			Street Address 658 SEVEN MILE ROAD				
CRANSTON	State ア・エ	Zip 02920	City HOP	E	State れ・エ	02831	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
VERONICA P. CROCE				THOMAS CROCE JR.			
Street Address 20 PALMER AVE.			Street Address 74 STONE DRIVE				
City CRANSTON	State R-I	^{Zip} 02920	City	NSTON	State Z	Zip 2920	
Director Name		07.120	Director Name	NJ/U/	1,0	10- 1-0	
ARTHUR S. CROCE			ERIC L. CROCE				
Street Address 20 PALMER AVE.			Street Address 658 SEVEN MILE ROAD				
CITY CRANSTON	State R-I	Zip 02920	City Hop		State	Zip 02831	
9. Shares Authorized	,,,,,	10. Shares Issue	d	Check ti	ne box to indicat	te an attachment	
This information is currently of record in the		NUMBER OF SHARES CLASS/SERIE			PAR VALUE		
Department of State. Changes require an additional filing.		600 NO PAR VALUE COMMON		COMMON	$^{\prime}$ N	OPAR	
11. This report must be executed or	behalf of the con	l poration by an auth	norized represe	entative. If the corpor	L ation is in the ha	ands of a receiver or	
trustee, this report must be execute	d on behalf of the	corporation by the	receiver or tru	stee.			
Under penalty of perjury, I declar statements, and that all statements			•	cluding any accomp	panying sched	ules and	
statements, and that all statements contained herein are true and correct Name of Authorized Representative					Date		
ARTHUR S. CRACE					2-27	-17	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov VICE PRESIDE TED

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