



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

**FILED**

FEB 15 2018

Annual Report for the year: 2018  
 Corporation

BY 1486

- 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 <u>10171</u>		2. Exact name of the Corporation <u>3 C VENTURE, INC.</u>			
3. Principal Office Address <u>74 STONE DRIVE</u>			City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>
4. NAICS Code <u>53110</u>		6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>VERONICA P. CROCE</u>			Vice-President Name <u>ARTHUR S. CROCE</u>		
Street Address <u>20 PALMER AVE.</u>			Street Address <u>20 PALMER AVE.</u>		
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>
Secretary Name <u>THOMAS CROCE, JR</u>			Treasurer Name <u>ERIC L. CROCE</u>		
Street Address <u>74 STONE DRIVE</u>			Street Address <u>658 SEVEN MILE ROAD</u>		
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>	City <u>HOPE</u>	State <u>R.I.</u>	Zip <u>02831</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>VERONICA P. CROCE</u>			Director Name <u>THOMAS CROCE, JR</u>		
Street Address <u>20 PALMER AVE.</u>			Street Address <u>74 STONE DRIVE</u>		
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>
Director Name <u>ARTHUR S. CROCE</u>			Director Name		
Street Address <u>20 PALMER AVE.</u>			Street Address		
City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02920</u>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SE/RIS	PAR VALUE
		<u>600 NO PAR VALUE</u>		<u>COMMON</u>	<u>NO/PAR</u>
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 <u>ARTHUR S. CROCE</u>					Date <u>2/10/18</u>
Signature of Authorized Representative <u>Arthur S. Croce V.P.</u>					