RI SOS Filing Number: 201859692060 Date: 3/3/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2. Exact name of the Corporation		
3307	C + R REALTY Co INC		
3. Principal Office Address	City	State	Zip
NONE			
4. NAICS Code: 531390	6. Brief description of the character of business conducted in Rhode Island: VACANT LAND		
5. State of Incorporation: RHODE ISLAND SIC CODE 8888			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
ROSE E CAMPISANI			THOMAS Ricci		
Street Address			Street Address		
25 COUNTRY LANE			1825 MIDDLE ROAD		
City	State	Zip	City	State	Zip
CRANSTON	RI	02921	EAST GREENWICH	RI	02818
Secretary Name			Treasurer Name		
THOMAS Ricci			ROSE E CAMPISANI		
Street Address			Street Address		
1825 MIDDLE ROAD			25 COUNTRY LANE		
City	State	Zip	City	State	Zip
E GREENWICH	RI	02818	CRANSTON	RI	02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
			ROSE E CAMPISANI		
Street Address			Street Address		
			25 COUNTRY LANE		
City	State	Zip	City	State	Zip
			CRANSTON	RI	02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9 Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing. 2747
RQ WRS PIN: (2747)

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NONE		

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	Date
Rose E Campisani	March 5 2018
Signature of Authorized Representative	
ROSE E CAMPISANI	

FILED
MAR 08 2018
BY 1141 DS

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

FORM 630 - Revised: 10/2017