



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 <u>3307</u>		2. Exact name of the Corporation <u>C+R REALTY CO INC</u>			
3. Principal Office Address <u>NONE</u>		City		State	Zip
4. NAICS Code <u>531390</u>		6. Brief description of the character of business conducted in Rhode Island <u>VACANT LAND</u>			
5. State of Incorporation <u>RHODE ISLAND</u> <u>ODE 8888</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>ROSE E CAMPISANI</u>			Vice-President Name <u>THOMAS RICCI</u>		
Street Address <u>25 COUNTRY LANE</u>			Street Address <u>1825 MIDDLE ROAD</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>
Secretary Name <u>THOMAS RICCI</u>			Treasurer Name <u>ROSE E CAMPISANI</u>		
Street Address <u>1825 MIDDLE ROAD</u>			Street Address <u>25 COUNTRY LANE</u>		
City <u>E GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>ROSE E CAMPISANI</u>			Director Name <u>ROSE E CAMPISANI</u>		
Street Address <u>25 COUNTRY LANE</u>			Street Address <u>25 COUNTRY LANE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing. <u>2747</u> <u>RA WRS PIN (2747)</u>					
10. Shares Issued Check the box to indicate an attachment ☐					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<u>NONE</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>Rose E Campisani</u>				Date <u>March 5 2018</u>	
Signature of Authorized Representative <u>ROSE E CAMPISANI</u>				FILED <u>MAR 08 2018</u>	

MAIL TO:
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