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**State of Rhode Island
Department of State - Business Services Division**

**Annual Report for the year: 2024
Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001728599		2. Exact name of the Corporation PCC Ventures, Inc.			
3. Principal Office Address 451 Prospect Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cynthia A. Cabana			Vice-President Name Paul H. Cabana		
Street Address 451 Prospect Street			Street Address 451 Prospect Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Cynthia A. Cabana			Treasurer Name Paul H. Cabana		
Street Address 451 Prospect Street			Street Address 451 Prospect Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			200	Common	\$.01
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 Cynthia A. Cabana, President				Date 3/30/2024	
Signature of Authorized Representative 				FILED APR 11 2024 BY 1060 A.	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov