STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
68076

2. Name of Corporation
VENTURA FENCE CO., INC.

3. Street Address Principal Business Office | *City* | *State* | *Zip*
463 Fairview Avenue | Coventry | RI | 02816

4. Business Phone No.
821-7200

5. State of Incorporation
RHODE ISLAND

6. SIC Code
0885

7. Brief Description of the Character of Business Conducted in Rhode Island
Installation and repair of all fences and any other lawful purpose.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name
FRANK L. VENTURA
Street Address
P. O. Box 1131
City | *State* | *Zip*
West Warwick | RI | 02893

Vice President Name
FRANK L. VENTURA
Street Address
P. O. Box 1131
City | *State* | *Zip*
West Warwick | RI | 02893

Secretary Name
MARY K. VENTURA
Street Address
P. O. Box 1131
City | *State* | *Zip*
West Warwick | RI | 02893

Treasurer Name
MARY K. VENTURA
Street Address
P. O. Box 1131
City | *State* | *Zip*
West Warwick | RI | 02893

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
FRANK L. VENTURA
Street Address
P. O. Box 1131
City | *State* | *Zip*
West Warwick, RI | RI | 02893

Director Name
MARY K. VENTURA
Street Address
P. O. Box 1131
City | *State* | *Zip*
West Warwick | RI | 02893

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
500 SHS	**NO PAR VALUE**		0		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 6 8 0 7 6 *

File Date: 2/19/97
Check No.: 4743
By: CAT

FOR SECRETARY OF STATE USE ONLY

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.

Frank L Ventura 2-7-97
Signature of Officer *Date*

Frank L. Ventura
Print or Type Name of Officer

President
Title of Officer

Form 31 12/96