

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

1, Entity ID No.	2. Exact name of the Corporation					
115830	Venditelli	& Sons, Inc.				
3. Principal office address 1473 Harkney Hill Road			City Coventry	State RI	Zip 02816	
4. Business Phone No. 401.385.9394			5. State of Incorporation Rhode Island			
5. Brief description of the charac Snow Removal, Winter			ĺ			
7. LIST ALL OFFICERS (NA)	ES AND ADDRES	SES) ("X" BOX FOR AT				
President Name			Vice-President Name			
Andrew Venditelli			Street Address			
Street Address 1473 Harkney Hill Road			Oli Coli Addition			
City Coventry	State RI	Zip 02816	City	State	Zip	
Secretary Name	_1	<u> </u>	Treasurer Name			
treet Address			Street Address			
City .	State	Zip	City	State	Zip	
3. LIST <u>ALL</u> DIRECTORS (NA	MES AND ADDRE	SSES) ("X" BOX FOR				
irector Name			Director Name			
Street Address				Street Address		
Dity c	State	Zip	City	State	Zip	
Director Name	<u> </u>		Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUE	("X" BOX FOR ATTAC	HMENT)	
·			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	None	
This report must be executed a	on behalf of the co	poration by an authorize	ed representative. If the	corporation is in the hand	Is of a receiver or trustee,	
· · ·	this report must t	pe executed on behalf or	the corporation by the r	eceiver or trustee.		
File Date	FI	LED	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.			
Check No				C/ -	1-23-14	
By:MAR 0 3 2014				ized Representative		
FOR SECRETARY OF STATE	E USE ONLY	4 38		telli, President		
anr No. 636	D1		Print or Type Name	of Authorized Represent	tative	

Perised: 01/2012