



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
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 956961		2. Exact name of the Corporation Venus Caterers, Inc.												
3. Principal Office Address 75 Grand Army Highway			City Swanssea	State MA	Zip 02777									
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Food Service - Catering												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Monte C. Ferris, Sr.			Vice-President Name None											
Street Address 1878 Wilbur Avenue			Street Address											
City Somerset	State MA	Zip 02725	City	State	Zip									
Secretary Name Monte C. Ferris, Sr.			Treasurer Name Monte C. Ferris, Sr.											
Street Address 1878 Wilbur Avenue			Street Address 1878 Wilbur Avenue											
City Somerset	State MA	Zip 02725	City Somerset	State MA	Zip 02725									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Monte C. Ferris, Sr.			Director Name											
Street Address 1878 Wilbur Avenue			Street Address											
City Somerset	State MA	Zip 02725	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	No Par Value												
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. <i>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.</i>														
Name of Authorized Representative Monte C. Ferris, Sr., President					Date 5/26/17									
Signature of Authorized Representative <i>Monte C. Ferris, Sr.</i>					FILED									

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

JUN 05 2017

BY CK 305221

FORM 630 - Revised: 02/2017