



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 20377		2. Exact name of the Corporation Orchard View Enterprises, Inc.			
3. Principal Office Address 132 Pleasant View Avenue			City Smithfield	State RI	Zip 02917
4. NAICS Code S31110		6. Brief description of the character of business conducted in Rhode Island real estate and rentals			
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 Angelo Calcagni			Vice-President Name Angelo Calcagni		
Street Address 132 Pleasant View Avenue			Street Address 132 Pleasant View Avenue		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Angelo Calcagni			Director Name		
Street Address 132 Pleasant View Avenue			Street Address		
City Smithfield	State RI	Zip 02917	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		
			CLASS/SERIES		
			250	CNP	0
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 Angelo Calcagni				Date	
Signature of Authorized Representative 				FILED DEC 21 2017 BY: 6259	

MAIL TO:
 Division of Business Services
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