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	2. Exact name of the Corporation		
33067	VENTRONIX SERVICE INC		
3. Principal Office Address	City	State	Zip
40 FREDERICK ST.	EAST PROVIDENCE	RI	02916
4. NAICS Code: 31-33 333249	6. Brief description of the character of business conducted in Rhode Island: MACHINE REPAIRS, SERVICE WORK PARTS SALES		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MANUEL VENTURA	MANUEL VENTURA
Street Address: 40 FREDERICK ST.	Street Address: SAME
City: EAST PROVIDENCE; State: RI; Zip: 02916	City; State; Zip
Secretary Name: CREMILDE VENTURA	Treasurer Name: MANUEL VENTURA
Street Address: SAME	Street Address: SAME
City; State; Zip	City; State; Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMM	NO PAR

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	Date
MANUEL VENTURA	12/13/17

Signature of Authorized Representative: Manuel Ventura

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

JAN 10 2018

FORM 630 - Revised: 10/2017

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