



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

Annual Report for the year: **2018**
Corporation

STAMP

- 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 000020126		2. Exact name of the Corporation PLEASANT VIEW HOUSE, INC.			
3. Principal Office Address 65 Atlantic Avenue		City Westerly		State RI	Zip 02891
4. NAICS Code 721110		6. Brief description of the character of business conducted in Rhode Island OPERATING A HOTEL			
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 Stanton J. Terranova, Sr.			Vice-President Name Stanton J. Terranova, Jr.		
Street Address 215 Watch Hill Road			Street Address 60 Atlantic Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Sheilia T. Beattie			Treasurer Name Stanton J. Terranova, Jr.		
Street Address 5 Whales View Drive			Street Address 60 Atlantic Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stanton J. Terranova, Sr.			Director Name		
Street Address 215 Watch Hill Road			Street Address		
City Westerly	State RI	Zip 02891	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.			NUMBER OF SHARES 600	CLASS/SERIES Common	PAR VALUE None
Changes require an additional filing.					
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 SHEILIA BEATTIE					Date 1/9/18
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE

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

FILED
JAN 18 2018
BY 27872

FORM 630 - Revised: 10/2017