



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

STAMP

OR
 DEPARTMENT OF STATE
 PROVIDENCE

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 68076		2. Exact name of the Corporation VENTURA FENCE CO., INC.			
3. Principal Office Address 92 Maple Avenue			City West Warwick	State RI	Zip 02893
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Installation and repair of all fences and any other lawful purpose			
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 Frank L. Ventura			Vice-President Name Frank L. Ventura		
Street Address 92 Maple Avenue			Street Address 92 Maple Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Mary K. Ventura			Treasurer Name Mary K. Ventura		
Street Address 92 Maple Avenue			Street Address 92 Maple Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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			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		PAR VALUE
			500	Common	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 Frank L. Ventura, President		
			Date 1/18/18		
Signature of Authorized Representative <i>Frank L. Ventura</i>			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

JAN 31 2018
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