



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 690086		2. Exact name of the Corporation COUNTRY SQUIRE DEVELOPMENT, INC			
3. Principal Office Address 144 WOODSTOCK LAND			City CRANSTON	State RI	Zip 02920
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island LANDSCAPE DESIGN, CONSULTANTS, CONSTRUCTION, AND ALL OTHER BUSINESS ACTIVITY AS ALLOWED BY LAW			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAYMOND VENTICINQUE			Vice-President Name NONE		
Street Address 144 WOODSTOCK LANE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
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 NONE			Director Name NONE		
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		
			1000	CNP	\$0.00
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 RAYMOND VENTICINQUE					Date 01/05/18
Signature of Authorized Representative <div style="display: flex; justify-content: space-between; align-items: center;"> STATE OF RHODE ISLAND FILED </div>					

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

JAN 31 2018
 BY 677 OS