



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 144206		2. Exact name of the Corporation Picturesque Incorporated: Landscape Construction & Maintenance			
3. Principal Office Address 67 Peck Hill Rd			City Johnston	State RI	Zip 02919
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Landscaping: All aspects of Maintenance, Construction and Fertilization.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephanie Venditelli			Vice-President Name Stephanie Venditelli		
Street Address 67 Peck Hill Rd			Street Address 67 Peck Hill Rd		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Stephanie Venditelli			Treasurer Name Stephanie Venditelli		
Street Address 67 Peck Hill Rd			Street Address 67 Peck Hill Rd		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephanie Venditelli			Director Name none		
Street Address 67 Peck Hill Rd			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name none			Director Name none		
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
			none		
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 Stephanie Venditelli					Date 2-8-18
Signature of Authorized Representative <i>Stephanie Venditelli</i>					

FILED
 FEB 13 2018

BY 2909