



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

FILED

Annual Report for the year: 2019

JAN 16 2019

Corporation

BY 375 JCA

- 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 12 BURLINGAME ROAD			City CRANSTON	State RI	Zip 02921
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island LANDSCAPE DESIGN, CONSULTANTS, CONSTRUCTION, AND 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 12 BURLINGAME ROAD			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name NONE			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 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 <input type="checkbox"/>		
			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.					
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 RAYMOND VENTICINQUE					Date 1/15/19
Signature of Authorized Representative RAYMOND VENTICINQUE					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov