



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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 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 81-2990		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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 01/09/19
Signature of Authorized Representative <i>Frank L. Ventura</i>					SIGN DOCUMENT HERE FILED

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 24 2019

BY

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FORM 630 - Revised: 10/2017