



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

Annual Report for the year: 2018
Non-Profit Corporation

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SECRETARY OF STATE
CORPORATIONS DIV

2019 APR -8 AM 11:32

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 001665295		2. Exact name of the Corporation Nico's Tree	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island 501C3 nonprofit to provide financial support to pediatric patients and families during treatment/hospitalization	
4. NAICS Code 813219			
6. Principal Office Address 51 Thornbeam Dr		City Cranston	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dana R Ventetuk		Vice-President Name Dennis Ventetuk	
Street Address 51 Thornbeam Dr		Street Address 80 Cannon St	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02920	
Secretary Name Liz Jackson		Treasurer Name Jared Ventetuk	
Street Address 20 Wells St		Street Address 43 Rotary Dr	
City W Warwick	State RI	City Johnston	State RI
Zip 02815		Zip 02919	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Dana Ventetuk		Director Name Dennis Ventetuk	
Street Address 51 Thornbeam Dr		Street Address 80 Cannon St	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02920	
Director Name Jared Ventetuk		Director Name	
Street Address 43 Rotary Dr		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Dana Ventetuk			Date 4/8/19
Signature of Officer/Authorized Representative 			

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

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BY Ch B870Z