



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Non-Profit Corporation

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	Zip 02921	City Cranston	State RI	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	Zip 02815	City Johnston	State RI	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	Zip 02921	City Cranston	State RI	Zip 02920
Director Name Jared Ventetuk			Director Name		
Street Address 43 Rotary Dr			Street Address		
City Johnston	State RI	Zip 02919	City	State	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Dana Ventetuk					Date 4/8/19
Signature of Officer/Authorized Representative 					

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

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BY CR B870Z