



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

Annual Report for the year: 2016
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 SEP -6 P 12:10

1. Entity ID Number 979037		2. Exact name of the Corporation DePasquale Square Ventures, Inc.			
3. Principal Office Address 18 Piedmont Street		City Providence		State RI	Zip 02909
4. NAICS Code 443110		6. Brief description of the character of business conducted in Rhode Island Distribution of Paper Goods + Products			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Theresa Meresi			Vice-President Name		
Street Address 18 Piedmont St			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name			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			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			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 8,000	CLASS/SERIES	PAR VALUE
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 Theresa Meresi				Date 9/6/19	
Signature of Authorized Representative <i>Theresa Meresi</i>				FILED	
				SEP 06 2019	