



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2021  
Corporation

JAN 20 2021 STAMP

BY WMS DS

- 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<br><u>000020377</u>   |                    | 2. Exact name of the Corporation<br><u>Orchard View Enterprises, Inc.</u>                                 |  |                     |  |
| 3. Principal Office Address<br><u>132 Pleasant View Ave</u>   |                    | City<br><u>Smithfield</u>   | State<br><u>RI</u>                             | Zip<br><u>02917</u> |  |
| 4. NAICS Code<br><u>531110</u>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate Rentals</u> |  |                     |  |
| 5. State of Incorporation<br><u>Rhode Island</u>  |                    |   |  |                     |  |
| 7. List ALL officers (names and addresses)  |                    |   |  |                     | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><u>Angelo Calcagni</u>  |                    |   | Vice-President Name<br><u>Angelo Calcagni</u>  |                     |  |
| Street Address<br><u>132 Pleasant View Ave</u>  |                    |   | Street Address<br><u>132 Pleasant View Ave</u> |                     |  |
| City<br><u>Smithfield</u>   | State<br><u>RI</u> | Zip<br><u>02917</u>   | City<br><u>Smithfield</u>                      | State<br><u>RI</u>  | Zip<br><u>02917</u>  |
| 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   |  |                     |  |
| This information is currently of record in the Department of State.   |                    | Check the box to indicate an attachment <input type="checkbox"/>  |  |                     |  |
| Changes require an additional filing.   |                    | NUMBER OF SHARES  | CLASS/SERIES                                   | PAR VALUE           |  |
|   |                    | <u>500</u>  | <u>CNP</u>                                     | <u>0</u>            |  |
| 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. |                    |   |  |                     |  |
| <b>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.</b>                                       |                    |   |  |                     |  |
| Name of Authorized Representative<br><u>Angelo Calcagni</u>   |                    |   |  |                     | Date<br><u>1-13-21</u>   |
| Signature of Authorized Representative<br><u>[Signature]</u>  |                    |   |  |                     |  |

MAIL TO:  
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