



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024  
Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
**FEB 05 2024**  
[Handwritten signature]

1. Entity ID Number 690086		2. Exact name of the Corporation COUNTRY SQUIRE DEVELOPMENT, INC			
3. Principal Office Address 12 BURLINGAME ROD		City CRANSTON		State RI	Zip 02921
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island LANDSCAPE DESIGN, CONSULTNATS, CONSTRUCTION, AND OTHER BUSINESS ACTIVITY AS ALLOWED BY LAW			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RAYMOND VENTICINQUE			Vice-President Name (NONE)		
Street Address 12 BURINGAME ROAD			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name (NONE)			Treasurer Name (NONE)		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		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		CLASS/SERIES	
		PAR VALUE			
		1000	CNP	\$0.00	
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. <i>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>					
Name of Authorized Representative RAYMOND A VENTICINQUE				Date 2/01/2024	
Signature of Authorized Representative [Handwritten Signature]					

**MAIL TO:**  
Division of Business Services  
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Website: www.sos.ri.gov