



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
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3. Principal Office Address 12 BURLINGAME ROD	City CRANSTON	State RI	Zip 02921
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4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island LANDSCAPE DESIGN, CONSULTANTS, CONSTRUCTION, AND OTHER BUSINESS ACTIVITY AS ALLOWED BY LAW
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAYMOND VENTICINQUE			Vice-President Name (NONE)		
Street Address 12 BURLINGAME 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) Check the box to indicate an attachment <input type="checkbox"/>					
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
	1000	CNP
	PAR VALUE	\$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.
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 RAYMOND A VENTICINQUE	Date 2/01/2024
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Signature of Authorized Representative [Handwritten Signature]

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