



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

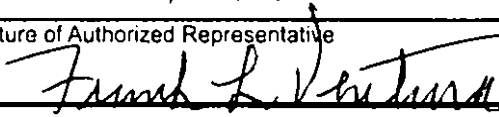
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 13 2024

BY

1. Entity ID Number 68076		2. Exact name of the Corporation VENTURA FENCE CO., INC.	
3. Principal Office Address 121 Ashbrook Drive		City Cranston	State RI
		Zip 02921	
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island Installation and repair of all fences and any other lawful purpose		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Frank L. Ventura		Vice-President Name Frank L. Ventura	
Street Address 121 Ashbrook Drive		Street Address 121 Ashbrook Drive	
City Cranston	State RI	City Cranston	State RI
Secretary Name Mary K. Ventura		Treasurer Name Mary K. Ventura	
Street Address 121 Ashbrook Drive		Street Address 121 Ashbrook Drive	
City Cranston	State RI	City Cranston	State RI
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	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 500	CLASS/SERIES Common
		PAR VALUE No Par	
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 Frank L. Ventura, President		Date 3/7/24	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021