



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 04 2025

BY

1. Entity ID Number 000075647		2. Exact name of the Corporation Pleasant Sea View, Inc.	
3. Principal Office Address 19 Uxbridge Road		City Mendon	State MA
		Zip 01756	
4. NAICS Code 441222	6. Brief description of the character of business conducted in Rhode Island Purchase, hold title to, and mortgage boats		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ronald Bethel		Vice-President Name Ronald Bethel	
Street Address 19 Uxbridge Road		Street Address 19 Uxbridge Road	
City Mendon	State MA	City Mendon	State MA
Zip 01856		Zip 01756	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ronald Bethel		Director Name Ronald Bethel	
Street Address 19 Uxbridge Road		Street Address 19 Uxbridge Road	
City 19 Uxbridge Road	State RI	City 19 Uxbridge Road	State MA
Zip 01856		Zip 01856	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		100	COMMON
			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 Ronald Bethel		Date 3 Feb 25	
Signature of Authorized Representative			

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