



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 135910		2. Name of Corporation OCEAN STATE CPL, INC.			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 5 Benefit Street		City Providence	Zip 02904-0000
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island to operate a central production facility and to deal with real estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert A. Mongeon			Vice President Name Guido Petrosinelli		
Street Address 71 Almy Road			Street Address 4 Stonybrook Lane		
City Somerset	State MA	Zip 02726-	City Hope	State RI	Zip 02831-
Secretary Name Charles Coelho			Treasurer Name Norbert Zwiener		
Street Address 1200 Fall River Avenue			Street Address 81 Church Street		
City Seekonk	State MA	Zip 02771-	City East Greenwich	State RI	Zip 02818-
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Robert A. Mongeon			Director Name James Lynch		
Street Address 71 Almy Road			Street Address none		
City Somerset	State MA	Zip 02726-	City none	State none	Zip none
Director Name Charles Coelho			Director Name Fred Lincoln		
Street Address 1200 Fall River Avenue			Street Address none		
City Seekonk	State MA	Zip 02771-	City none	State none	Zip none
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	DEC 03 2009
By:	By 36751
FOR SECRETARY OF STATE USE ONLY	

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.

11/01/2009

Signature of Officer
Robert A. Mongeon

Date

Print or Type Name of Officer
President

Title of Officer