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*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

**Filing Period:** January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

| 1. Corporate ID No. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 19250 | OCEAN STATE RIGGING SYSTEMS, INC. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 90 INDUSTRIAL CIRCLE | | LINCOLN | RI | 02885 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 401-722-0020 | RHODE ISLAND | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
THEATRICAL RIGGING

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| ROBERT A. GRENIER, JR. | | | LEONARD E. PUCKETT | | |
| Street Address | | | Street Address | | |
| 6 NORTHUP PLAT ROAD | | | 46 WILLARD STREET | | |
| City | State | Zip | City | State | Zip |
| COVENTRY | RI | 02816 | WARWICK | RI | 02899 |
| Secretary Name | | | Treasurer Name | | |
| ROBERT A. GRENIER, JR. | | | ROBERT A. GRENIER, JR. | | |
| Street Address | | | Street Address | | |
| 6 NORTHUP PLAT ROAD | | | 6 NORTHUP PLAT ROAD | | |
| City | State | Zip | City | State | Zip |
| COVENTRY | RI | 02816 | COVENTRY | RI | 02816 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| NONE | | | | | |
| 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**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

**10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 300 | COMMON | NO PAR |
| | | |

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.

[redacted] [redacted]

**FILED**
*File Date* FEB 11 2011
*Check No.* 9835
*By:* BY
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.

*Signature* *Date* 1-26-2011

LEONARD E. PUCKET
*Print or Type Name*

[redacted]
VICE PRESIDENT
*Title*