



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 152029		2. Exact name of the Corporation Ocean Bay Candle Company	
3. Principal office address 22 Thunder Trail		City Cranston	State R.I.
4. Business Phone No. 401-943-7127		Zip 02921	
5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture of candles and allied products			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name William A. Rose		Vice-President Name None	
Street Address 22 Thunder Trail		Street Address	
City Cranston	State R.I.	Zip 02921	
Secretary Name William A. Rose		Treasurer Name William A. Rose	
Street Address 22 Thunder Trail		Street Address 22 Thunder Trail	
City Cranston	State R.I.	Zip 02921	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name None - a close corporation		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		NUMBER OF SHARES	CLASS/SERIES
		3003	Comm.
		PAR VALUE	no par value

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.

File Date _____

FILED

Check No _____

JAN 23 2013

By: _____

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.

William A. Rose 01/22/2013
Signature of Authorized Representative Date

William A. Rose

Print or Type Name of Authorized Representative