



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.	Zip 02921
4. Business Phone No. 401-943-7127			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	City	State	Zip
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	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					

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

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