



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. 124562		2. Exact name of the Corporation OCEAN STATE HOME IMPROVEMENTS, INC.			
3. Principal office address 8 BROOKWOOD DRIVE		City JOHNSTON	State RI	Zip 02919	
4. Business Phone No. 401-781-2749		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENT CONSTRUCTION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name JOHN T. DIMAURO, JR.		Vice-President Name LISA DIMAURO			
Street Address 8 BROOKWOOD DRIVE		Street Address 8 BROOKWOOD DRIVE			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name JOHN T. DIMAURO, JR.		Treasurer Name LISA DIMAURO			
Street Address 8 BROOKWOOD DRIVE		Street Address 8 BROOKWOOD DRIVE			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name N/A		Director Name N/A			
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	NPV

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 _____
 Check No _____
 By: _____ BY **4901**
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 13 2013
4901

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 of Authorized Representative _____ Date **2-5-13**
JOHN T. DIMAURO, PRESIDENT
 Print or Type Name of Authorized Representative