



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

A. Ralph Molis, Secretary of State
Comptroller's Office
146 W. Water Street
Providence, RI 02911-2615
401.222.5010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - FILING FEE: \$50.00 - THIS REPORT MUST BE TYPED OR PRINTED IN BLACK INK.
* In accordance with R.I.G.L. 7-1-150(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1-150(c)(6)) is subject to a penalty fee of \$25.00.

FILED

FEB 14 2013

BY Ch 189958

1. Corporation RI No. 134608		2. Name of Corporation OCEAN STATE TITLE SERVICES, INC.		
3. Street Address (Principal Place of Office) 9 NELSON STREET		City PROVIDENCE	State RI	Zip 02908
4. Telephone Number 401-965-4040		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT REAL ESTATE TITLE EXAMINATIONS, RESEARCH AND REPORTING				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name: ALBERTA M. NOTA		Title President Name: ALBERTA M. NOTA		
Street Address: 9 NELSON STREET		Street Address: 9 NELSON STREET		
City: PROVIDENCE	State: RI	Zip: 02908	City: PROVIDENCE	State: RI
Zip: 02908	City: PROVIDENCE	State: RI	Zip: 02908	City: PROVIDENCE
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		Director Name: ALBERTA M. NOTA		
Street Address: 9 NELSON STREET		Street Address: 9 NELSON STREET		
City: PROVIDENCE	State: RI	Zip: 02908	City: PROVIDENCE	State: RI
Zip: 02908	City: PROVIDENCE	State: RI	Zip: 02908	City: PROVIDENCE
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES HELD - THIS SECTION MUST BE COMPLETED				
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 100	Class/Type COMMON	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.

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.

Alberta M. Nota
Signature Date
ALBERTA M. NOTA
Print or Type Name
PRESIDENT
Title

SECRETARY OF STATE
CORPORATIONS DIV

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