



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. 103119		2. Exact name of the Corporation Ocean State Advertising Co. Inc.			
3. Principal office address 761 Nooseneck Hill Road		City West Greenwich	State RI	Zip 02817	
4. Business Phone No. 401-397-2201		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate an Advertising Telephone Directory Service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bradford L. Barco			Vice-President Name Bradford L. Barco		
Street Address 761 Nooseneck Hill Road			Street Address 761 Nooseneck Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Bradford L. Barco			Treasurer Name Bradford L. Barco		
Street Address 761 Nooseneck Hill Road			Street Address 761 Nooseneck Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bradford L. Barco			Director Name Bradford L. Barco		
Street Address 761 Nooseneck Hill Road			Street Address 761 Nooseneck Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name Bradford L. Barco			Director Name Bradford L. Barco		
Street Address 761 Nooseneck Hill Road			Street Address 761 Nooseneck Hill Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
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
			None		

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: _____

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 of Authorized Representative

Date

Bradford L. Barco President

Print or Type Name of Authorized Representative