STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
19006	Ocean State Forklifts, Inc.		
3. Street Address Principal Business Office: 22 Hollister Road	City: Seekonk	State: MA	Zip: 02771
4. Business Phone No.: 1-508-336-4630	5. State of Incorporation: RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
SELL, LEASE AND SERVICE FORKLIFTS AND OTHER HEAVY EQUIPMENT.

7. NAMES AND ADDRESSES OF THE OFFICERS. *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Douglas O'Brien, Sr.	22 Hollister Road	Seekonk	MA	02771

Vice President Name	Street Address	City	State	Zip
Douglas O'Brien, Jr.	22 Hollister Road	Seekonk	RI	02771

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS. *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
n/a				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	common	no par value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
-0-	common	no par value
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

19006

FILED
JAN 10 2014
BY

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — *Date* 1/7/14

Douglas O'Brien
Print or Type Name

President
Title