

## 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

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1. Entity ID No.		me of the Corporation				
34667		Ocean State Planners, Inc.				
				T= · ·		
3. Principal office address 1255 Oaklawn Avenue			City Cranston	State <b>RI</b>	Zip <b>02920</b>	
4. Business Phone No. 401-463-9696			5. State of Incorporation Rhode Island			
•		s conducted in Rhode Island	1			
Surveying, enginee	ring and drafti	ng services				
ALIST ALL OFFICERS (N	IAMES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)			
Fresident Name			Vice-President Name			
Richard T. Bzdyra			Richard T. Bzdyra			
Street Address 1255 Oaklawn Avenue			Street Address 1255 Oaklawn Avenue			
City Cranston	State RI	Zip <b>02920</b>	City Cranston	State RI	Zip <b>02920</b>	
Secretary Name Richard T. Bzdyra			Treasurer Name Richard T. Bzdyra			
Street Address 1255 Oaklawn Avenue			Street Address 1255 Oaklawn Avenue			
City Cranston	State RI	Zip <b>02920</b>	City Cranston	State <b>RI</b>	Zip <b>02920</b>	
LIST ALL DIRECTORS	(NAMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Richard T. Bzdyra			Pamela L. Bzdyra			
Street Address 1255 Oaklawn Avenue			Street Address 1255 Oaklawn Avenue		اراقي أسا	
City Cranston	State RI	Zip <b>02920</b>	City Cranston	State RI	Zip 1 02920 =	
Director Name			Director Name			
Street Address			Street Address		NA O:	
Çity	State	Zip	City	State	Zip	
SHARES AUTHORIZED	Yes a mark		10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			600	Common	No Par Value	
See Section 9 of instruction	on sheet.		İ			
This report must be execut		corporation by an authorize ast be executed on behalf of			of a receiver or trustee,	
FILED FILED			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.			
Check No			aud that all statemen	is contained nerein are	e true and correct.	
Bv:		FEB 0 3 2014	Travella	24M	1/27/14	
	BY /	L 216391	Signature of Authoriz	1 ' 0	, Date	
FOR SECRETARY OF ST	ATE USE ONLY		Richard T. Bzdy	/ra, President		

Form No. 630 Revised: 01/2012