



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 2014

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. 144332		2. Exact name of the Corporation Ocean State Rehab Equipment, Inc.			
3. Principal office address 2 Williams Street		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-331-2222		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own, manage, maintain and operate a medical supply service and sales facility					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Damon J. Bradley			Vice-President Name N/A		
Street Address P.O. Box 17279			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Damon J. Bradley			Treasurer Name Damon J. Bradley		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
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)					
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.					

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

FILED

FEB 10 2014

BY Ch 216 924

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

Print or Type Name of Authorized Representative

Date