



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. 795894 | | 2. Exact name of the Corporation OCEAN STATE Hospitality, INC | | | |
| 3. Principal office address 150 1A Chestnut St. | | | City Providence | State RI | Zip 02903 |
| 4. Business Phone No. 401-808-6898 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island Bar/Pub/Nightclub | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Robert Tomasso | | | Vice-President Name Noah Downelly | | |
| Street Address 143 Pleasant St | | | Street Address 290 BayView Ave | | |
| City Providence | State RI | Zip 02906 | City Cranston | State | Zip 02905 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 100 | CLASS/SERIES | PAR VALUE .01 |
| | | | | | |

2014 FEB 26 AM 10:57
 SECRETARY OF STATE
 CORPORATIONS DIV

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 **1716**
 By:
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 26 2014

0218413

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.

Robert Tomasso
 Signature of Authorized Representative

2/26/14
 Date

Robert Tomasso
 Print or Type Name of Authorized Representative