



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

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  
M 218413

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  
Date **2/26/14**  
Print or Type Name of Authorized Representative **Robert Tomasso**