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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.**

SECRETARY OF STATE CORPORATIONS DIV. 2014 MAR 13 PM 2:44

1. Entity ID No.	2. Exact name of the Corporation		
101293	OCEAN BREEZE PROPERTY SERVICES		
3. Principal office address: 231 BRIARWOOD DR	City: WAKEFIELD	State: RI	Zip: 02879
4. Business Phone No.: 401-782-2000	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: CONSTRUCTION ROOFING			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
ANDREW O SHEA SR	ANDREW O SHEA JR
Street Address: 231 BRIARWOOD DR	Street Address: 231 BRIARWOOD DR
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879
Secretary Name	**Treasurer Name**
HAROLD SMITH	DANIEL SHEA
Street Address: 364 CORDIS CORPORATE RD	Street Address: 231 BRIARWOOD DR
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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) ☐		
	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. See Section 9 of instruction sheet.	1000	O	No Par

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.

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.

Andrew O Shea SR 3/13/14
Signature of Authorized Representative Date

ANDREW O SHEA SR
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date: FILED 2:44 pm MAR 13 2014
Check No: 219913
By: KM

Form No. 630
Revised: 01/2012
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