



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. 000057239 | | 2. Exact name of the Corporation OCEAN ORTHOPEDIC SERVICES, INC. | | | |
| 3. Principal office address 872 CHARLES STREET | | City NORTH PROVIDENCE | State RI | Zip 02904 | |
| 4. Business Phone No. 401-725-5240 | | 5. State of Incorporation MA | | | |
| 6. Brief description of the character of business conducted in Rhode Island PROSTHETIC/ORTHOTIC FACILITY | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name JOHN A. MURPHY | | | Vice-President Name | | |
| Street Address 45 OAKHURST ROAD | | | Street Address | | |
| City HOPKINTON | State MA | Zip 01748 | City | State | Zip |
| Secretary Name VALERIE A. MURPHY | | | Treasurer Name | | |
| Street Address 45 OAKHURST ROAD | | | Street Address | | |
| City HOPKINTON | State MA | Zip 01748 | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name JOHN A. MURPHY | | | Director Name | | |
| Street Address SAME AS ABOVE | | | 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 | CLASS/SERIES | PAR VALUE |
| | | | 1832.00 | CNP | \$0.00 |

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

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.

FILED

MAR 20 2014

27039

Signature of Authorized Representative

03/15/2014

Date

JOHN A. MURPHY, PRESIDENT

Print or Type Name of Authorized Representative