RI SOS Filing Number: 201443111050 Date: 07/24/2014 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
702387	OCEAN STATE CONSORTIUM
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Coordinating & managing services for or on behalf of special need agencies.

5. Principal office address	City	State	Zip
310 Maple Avenue, Suite 102	Barrington	RI	02806

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

President Name	Street Address	City	State	Zip
David C. Reiss	310 Maple Avenue, Suite 102	Barrington	RI	02806

Vice-President Name	Street Address	City	State	Zip
Theodore Polak	220 Woonasquatucket Avenue	No. Providence	RI	02911

Secretary Name	Street Address	City	State	Zip
Lawrence D. Wiedenhofer	P.O. Box 449	Tiverton	RI	02878-0449

Treasurer Name	Street Address	City	State	Zip
David C. Reiss	310 Maple Avenue, Suite 102	Barrington	RI	02806

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
David C. Reiss	310 Maple Avenue, Suite 102	Barrington	RI	02806

Director Name	Street Address	City	State	Zip
Lawrence D. Wiedenhofer	P.O. Box 449	Tiverton	RI	02878-0449

Director Name	Street Address	City	State	Zip
Theodore Polak	220 Woonasquatucket Avenue	No. Providence	RI	02911

Director Name	Street Address	City	State	Zip

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

RECEIVED
2014 JUL 24 PM 1:15
SECRETARY OF STATE
CORPORATIONS DIV.

File Date _____
Check No _____
By: _____
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FILED
JUL 24 2014
By 229129
A.A.

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 Officer or Authorized Representative — Date: 7/18/14

LAWRENCE D. WIEDENHOFER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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