



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>531028</u>		2. Exact name of the limited liability company <u>Ocean State Investment Club LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Investment club</u>			
5. Principal office address <u>74 Old Pocasset Rd</u>		City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Vincenzo Carnevale</u>		Contact Title <u>President</u>			
Street Address <u>74 Old Pocasset Rd</u>		City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name <u> </u>		Manager Name <u> </u>			
Street Address <u> </u>		Street Address <u> </u>			
City <u> </u>	State <u> </u>	Zip <u> </u>	City <u> </u>	State <u> </u>	Zip <u> </u>
Manager Name <u> </u>		Manager Name <u> </u>			
Street Address <u> </u>		Street Address <u> </u>			
City <u> </u>	State <u> </u>	Zip <u> </u>	City <u> </u>	State <u> </u>	Zip <u> </u>
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 24 2014

BY 1126

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.

Vincenzo Carnevale 10/23/14
Signature of Authorized Person Date

Vincenzo Carnevale
Print or Type Name of Authorized Person