



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. 000794932 | | 2. Exact name of the Corporation Ocean State Waves, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island to manage a baseball team | | | |
| 5. Principal office address 55 Memorial | | | City Newport | State RI | Zip 02840 |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Matt Finlayson | | | Vice-President Name | | |
| Street Address 484 Main Street | | | Street Address | | |
| City Wakefield | State RI | Zip 02879 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Matt Finlayson | | | Director Name William Finlayson | | |
| Street Address 484 Main Street | | | Street Address 484 Main Street | | |
| City Wakefield | State RI | Zip 02879 | City Wakefield | State RI | Zip 02879 |
| Director Name Joyce Finlayson | | | Director Name | | |
| Street Address 484 Main Street | | | Street Address | | |
| City Wakefield | State RI | Zip 02879 | 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

FILED

File Date _____

Check No _____

By: _____

NOV 10 2014

BY 14809

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.

Matt Finlayson
 Signature of Officer or Authorized Representative

11-7-2014
 Date

Matt Finlayson

Print or Type Name of Officer or Authorized Representative