



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 2015

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. 727454		2. Exact name of the Corporation Ocean State Insurance & Financial Services, Inc.			
3. Principal office address 55 Douglas Pike, Unit 206		City Smithfield		State RI	Zip 02917
4. Business Phone No. 401-723-6710		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Sale of life, health, fitness, property, casualty insurance, variable life and variable annuities					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Colleen A. Manuppelli			Vice-President Name		
Street Address 27 Greenlake Drive			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Colleen A. Manuppelli			Treasurer Name Colleen A. Manuppelli		
Street Address 27 Greenlake Drive			Street Address 27 Greenlake Drive		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Colleen A. Manuppelli			Director Name		
Street Address 27 Greenlake Drive			Street Address		
City Greenville	State RI	Zip 02828	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.					

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

Form No. 630
Revised: 01/2012

FILED

JAN 16 2015

BY

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.

Colleen A. Manuppelli 1/7/15
Signature of Authorized Representative Date

Colleen A. Manuppelli, President

Print or Type Name of Authorized Representative