



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.

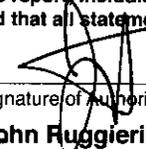
1. Entity ID No. 568334		2. Exact name of the Corporation Ocean State Pyrotechnics, Inc.			
3. Principal office address 4160 Old Post Road, Suite 101			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401-364-8001		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Pyrotechnics and Demolition					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Ruggieri			Vice-President Name		
Street Address 26A Woody Hill Road			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Secretary Name John Ruggieri			Treasurer Name John Ruggieri		
Street Address 26A Woody Hill Road			Street Address 26A Woody Hill Road		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Ruggieri			Director Name		
Street Address 26A Woody Hill Road			Street Address		
City Hope Valley	State RI	Zip 02832	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
			8000	cwp	\$0.01

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 **BY 39 25**

FILED
JAN 26 2015

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 Authorized Representative  Date **1-10-15**
John Ruggieri
 Print or Type Name of Authorized Representative