



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

2015

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. <b>19183</b>		2. Exact name of the Corporation <b>OCEAN STATE PLAZA, INC.</b>			
3. Principal office address <b>121 WILL DR.</b>		City <b>CANTON</b>	State <b>MA</b>	Zip <b>02021</b>	
4. Business Phone No. <b>781-828-1729</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JAMES J. FERRERA</b>			Vice-President Name		
Street Address <b>30 FOX HILL LN.</b>			Street Address		
City <b>MILTON</b>	State <b>MA</b>	Zip <b>02186</b>	City	State	Zip
Secretary Name <b>DONALD J. FERRERA</b>			Treasurer Name <b>JAMES J FERRERA</b>		
Street Address <b>95 LIGHTHOUSE RD</b>			Street Address <b>30 FOX HILL LN.</b>		
City <b>SCITUATE</b>	State <b>MA</b>	Zip <b>02066</b>	City <b>MILTON</b>	State <b>MA</b>	Zip <b>02186</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>JAMES J. FERRERA</b>			Director Name <b>R. BRUCE HOWE</b>		
Street Address <b>30 FOX HILL LN.</b>			Street Address <b>1601 BAY ST. UNIT #901</b>		
City <b>MILTON</b>	State <b>MA</b>	Zip <b>02186</b>	City <b>TAUNTON</b>	State <b>MA</b>	Zip <b>02780</b>
Director Name <b>DONALD J. FERRERA</b>			Director Name <b>KAREN FERRERA</b>		
Street Address <b>95 LIGHTHOUSE RD.</b>			Street Address <b>53 ROBINETTE RD.</b>		
City <b>SCITUATE</b>	State <b>MA</b>	Zip <b>02066</b>	City <b>STOUGHTON</b>	State <b>MA</b>	Zip <b>02072</b>
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
			NONE ISSUED		

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

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BY

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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 *James J. Ferrera* Date *4/14/15*

Print or Type Name of Authorized Representative *James J. Ferrera, President*