



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

2012

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. 00-19183 | | 2. Exact name of the Corporation OCEAN STATE PLAZA, INC. | | |
| 3. Principal office address 121 WILL DR. | | City CANTON | State MA | Zip 02021 |
| 4. Business Phone No. 781-828-1729 | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name JAMES J. FERRERA | | Vice-President Name | | |
| Street Address 30 FOX HILL LN. | | Street Address | | |
| City MILTON | State MA | Zip 02186 | City | State MA |
| Secretary Name DONALD J. FERRERA | | Treasurer Name JAMES J FERRERA | | |
| Street Address 95 LIGHTHOUSE RD | | Street Address 30 FOX HILL LN. | | |
| City SCITUATE | State MA | Zip 02066 | City MILTON | State MA |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name JAMES J. FERRERA | | Director Name R. BRUCE HOWE | | |
| Street Address 30 FOX HILL LN. | | Street Address 1601 BAY ST. UNIT #901 | | |
| City MILTON | State MA | Zip 02186 | City TAUNTON | State MA |
| Director Name DONALD J. FERRERA | | Director Name C. LEE GIBSON SR. | | |
| Street Address 95 LIGHTHOUSE RD. | | Street Address 3 BRETON DR. | | |
| City SCITUATE | State MA | Zip 02066 | City CANTON | State MA |
| 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 | | |

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 CORPORATIONS DIV
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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

FILED

APR 14 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.

James J Ferrera 4/14/15
 Signature of Authorized Representative Date

James J Ferrera
 Print or Type Name of Authorized Representative

BY CA 246861
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