



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

2006

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. Fictiv ID No. --1-9-183		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					2015 APR 14 PM 1:39 SECRETARY OF STATE CORPORATIONS DIV		
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name ALFRED W. FERRERA			Vice-President Name				
Street Address 30 FOX HILL LN.			Street Address				
City MILTON	State MA	Zip 02186	City	State	Zip		
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	Zip 02186		
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	Zip 02780		
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	Zip 02021		
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

FILED

APR 14 2015

BY CU 246861

1:43

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, Treasurer
Print or Type Name of Authorized Representative