



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

2005

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.

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|--|--------------------|--|--|---------------------|---|-----|
| 1. Fntiv ID No. -- 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 | | | | | 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: _____

FILLED

APR 14 2015

BY CR 246861

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, Treasurer**

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