



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000123561

**2. Name of Corporation** Ocean State Search and Rescue, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 49 OAKLAND ROAD

City or Town: RICHMOND

State: RI

Zip: 02892

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ASSIST IN THE SEARCH, LOCATION AND RESCUE OR RETRIEVAL OF MISSING PERSONS

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
VICE PRESIDENT	ALICIA SEQUIN	1969 CRANSTON STREET CRANSTON, RI 02920 USA
PRESIDENT	MICHAEL REIS	49 OAKLAND ROAD RICHMOND, RI 02892- USA

2015 JUN -5 AM 11:37  
SECRETARY OF STATE  
CORPORATIONS DIV

DIRECTOR

ALICIA SEGOIN

1968 CRANSTON ST  
CRANSTON, RI 02920

DIRECTOR

MICHAEL REIS

49 OAKLAND RD  
RICHMOND, RI, 02892

DIRECTOR

JOSEPH NETO JR

49 OAKLAND ROAD  
RICHMOND, RI 02892 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOSEPH NETO, JR. 49 OAKLAND ROAD RICHMOND, RI 02892

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

Signed this 11 Day of May, 2015 at 9:36:23 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By MICHAEL E REIS  
Signature of Authorized Person

FILED

JUN 05 2015

Form No. 631  
Revised 09/07

BY Online Filing