



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000794932		2. Exact name of the Corporation Ocean State Waves, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To operate a non-profit collegiate baseball team			
5. Principal office address 484 Main Street		City Wakefield		State RI	Zip 02879
President Name Matthew Finlayson		Vice-President Name William Finlayson			
Street Address 484 Main Street		Street Address P.O. Box 613			
City Wakefield	State RI	Zip 02879	City Higganum	State CT	Zip 06441
Secretary Name		Treasurer Name William Finlayson			
Street Address		Street Address P.O. Box 613			
City	State	Zip	City Higganum	State CT	Zip 06441
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT) ☐					
Director Name William Finlayson		Director Name John Mulligan			
Street Address P.O. Box 613		Street Address 60 Noyes Neck Road			
City Higganum	State CT	Zip 06441	City Westerly	State RI	Zip 02891
Director Name Eric Cirella		Director Name Idris Liasu			
Street Address 19 Russel Avenue		Street Address P.O. Box 542			
City Newport	State RI	Zip 02840	City Slaterville	State RI	Zip 02879
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

JUN 19 2015

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

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 Officer or Authorized Representative

Date

President

Print or Type Name of Officer or Authorized Representative