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.	2. Exact name of the Corporation
000794932	**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	City	State	Zip
484 Main Street	**Wakefield**	**RI**	**02879**

6. LIST NAME, ADDRESS AND TITLE OF ALL OFFICERS ☐

President Name	Vice-President Name
Matthew Finlayson	**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. ☐ **CHECK BOX FOR ATTACHMENT)**

Director Name	Director Name
William Finlayson	**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
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BY 203

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: 6/14/15

President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014