



**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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

2015

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. Entity ID No. <b>991834</b>		2. Exact name of the Corporation <b>Ocean State Real Estate Services, Inc.</b>			
3. Principal office address <b>400 Reservoir Avenue, Suite 2A</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	
4. Business Phone No. <b>4014137954</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>real estate sales</b>					
<b>President Name</b> <b>Gregory A. Marderosian</b>					
<b>Vice-President Name</b>					
<b>Street Address</b> <b>400 Reservoir Avenue, Suite 2A</b>					
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
<b>Secretary Name</b> <b>Gregory A. Marderosian</b>			<b>Treasurer Name</b> <b>Gregory A. Marderosian</b>		
<b>Street Address</b> <b>400 Reservoir Avenue, Suite 2A</b>			<b>Street Address</b> <b>400 Reservoir Avenue, Suite 2A</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
<b>Directors (Names and addresses) ("X" box for attachment)</b>					
<b>Director Name</b> <b>N/A</b>			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
City	State	Zip	City	State	Zip
<b>Director Name</b>			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
City	State	Zip	City	State	Zip
<b>Shares Issued ("X" box for attachment)</b>					
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	
		100	common	\$0	

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.

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

Date

Print or Type Name of Authorized Representative