RI SOS Filing Number: 201690149590 Date: 01/06/2016 4:00 PM

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
108602	Ocean State INsurance Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
401 Wampannoag Tr. Ste. 100		East Providence	RI	02915
4. Business Phone No.	5. State of Incorporation			
401-432-8852	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
to conduct an insurance agency

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Bryan D. Becotte					
Street Address			Street Address		
401 Wampannoag Tr. Ste. 100					
City	State	Zip	City	State	Zip
East Providence	RI	02915			
Secretary Name			Treasurer Name		
Rose Marie Ingegneri			Benedict J. Ingegneri		
Street Address			Street Address		
401 Wampannoag Tr. Ste. 100			401 Wampannoag Tr. Ste. 100		
City	State	Zip	City	State	Zip
East Providence	RI	02915	East Providence	RI	02915

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Bryan D. Bencotte					
Street Address			Street Address		
401 Wampannoag Tr. Ste. 100					
City	State	Zip	City	State	Zip
East Providence	RI	02915			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	common	$1.00 par value

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.

FILED
JAN 06 2016
BY KL 1463

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 — *Date* 1-4-16

Bryan Becotte
Print or Type Name

President
Title

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

130747-10-1063374

Form 630 Rev. 08/08