



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 2016

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. 63519		2. Exact name of the Corporation OCEAN STATE HEATING REPRESENTATIVES, INC.						
3. Principal office address 851 SHERMANTOWN ROAD		City NORTH KINGSTOWN	State RI	Zip 02852				
4. Business Phone No. 401-295-2828		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island MANUFACTURER'S REPRESENTATIVE FOR THE SALE OF HEATING AND AIR CONDITIONING EQUIPMENT								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) (BOX) FOR ATTACHMENT								
President Name THOMAS J MURPHY		Vice-President Name THOMAS J MURPHY						
Street Address 851 SHERMANTOWN ROAD		Street Address						
City NORTH KINGSTOWN	State RI	Zip 02852	City	State Zip				
Secretary Name THOMAS J MURPHY		Treasurer Name THOMAS J MURPHY						
Street Address		Street Address						
City	State	Zip	City	State Zip				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) (BOX) FOR ATTACHMENT								
Director Name THOMAS J MURPHY		Director Name						
Street Address		Street Address						
City	State	Zip	City	State Zip				
Director Name		Director Name						
Street Address		Street Address						
City	State	Zip	City	State Zip				
9. SHARES AUTHORIZED								
10. SHARES ISSUED (X) (BOX) FOR ATTACHMENT								
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	
					1000	COMMON	NO PAR	

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.

File Date
 Check No.
 By:
 FOR SECRETARY OF STATE USE

FILED
 JAN 13 2016
 41637
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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.

Thomas J Murphy 1-11-2016
 Signature of Authorized Representative Date
 THOMAS J MURPHY
 Print or Type Name of Authorized Representative