



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. 131233		2. Exact name of the Corporation Osprey Equipment Corp.			
3. Principal office address 40 Shawmut Road		City Canton		State MA	Zip 02021
4. Business Phone No. 781-821-6222		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island Purchase, sale and leasing of machinery and equipment of all kinds					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Vincent F Barletta			Vice-President Name Michael Foley		
Street Address 6 Glenfeld East			Street Address 10 Rodgers Circle		
City Weston	State MA	Zip 02493	City North Reading	State MA	Zip 01864
Secretary Name Vincent F Barletta			Treasurer Name Vincent F Barletta		
Street Address 6 Glenfeld East			Street Address 6 Glenfeld East		
City Weston	State MA	Zip 02493	City Weston	State MA	Zip 02493
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Vincent F Barletta			Director Name none		
Street Address 6 Glenfeld East			Street Address		
City Weston	State MA	Zip 02493	City	State	Zip
Director Name none			Director Name none		
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
			1,000.00	CNP	\$0.00

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 ONLY

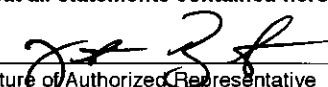
BY

FILED

FEB 09 2016

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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.

Signature of Authorized Representative  Date **01/26/2016**

Vincent F Barletta

Print or Type Name of Authorized Representative