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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.	2. Exact name of the Corporation
131233	Osprey Equipment Corp.

3. Principal office address	City	State	Zip
40 Shawmut Road	Canton	MA	02021

4. Business Phone No.	5. State of Incorporation
781-821-6222	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	Street Address	City	State	Zip
Vincent F Barletta	6 Glenfeld East	Weston	MA	02493

Vice-President Name	Street Address	City	State	Zip
Michael Foley	10 Rodgers Circle	North Reading	MA	01864

Secretary Name	Street Address	City	State	Zip
Vincent F Barletta	6 Glenfeld East	Weston	MA	02493

Treasurer Name	Street Address	City	State	Zip
Vincent F Barletta	6 Glenfeld East	Weston	MA	02493

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Vincent F Barletta	6 Glenfeld East	Weston	MA	02493
none				
none				

Director Name	Street Address	City	State	Zip
none				
none				

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) ☐

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

FILED
FEB 09 2016
BY KL 204220

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

Form No. 630
Revised 01/2012
132240-6-1107619