

## 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 nam	ne of the Corporation				
87802		OCEAN STATE EDUCATIONAL SEMINARS, INC.				
3. Principal office address P.O. Box Y			City Chepachet	State RI	Zip <b>02814</b>	
4. Business Phone No. (401) 651-5777			5. State of Incorporation Rhode Island			
		conducted in Rhode Island to professionals an		als.		
Marie A. Wilks			Vice-President Name Marie A. Wilks			
Street Address P.O. Box Y			Street Address P.O. Box Y			
City Chepachet	State RI	Zip <b>02814</b>	City Chepachet	State RI	Zip <b>02814</b>	
Secretary Name Marie A. Wilks			Treasurer Name Kevin M. Wilks			
Street Address P.O. Box Y			Street Address P.O. Box Y			
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip <b>02814</b>	
Director Name  N/A	SAMAN SYNULADO	resses/ex-ibox/eor	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	
gestrate Outstation to			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			100	Common	No Par Value	
This report must be exec	uted on behalf of the o	corporation by an authorize	nd representative. If the	corporation is in the hand	s of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.



Form No. 630 Revised: 01/2012 FEB 26 2016 W KL 13939

FILED

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

02/22/2016

Date

Marie A. Wilks, President

Print or Type Name of Authorized Representative