



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2016 MAY -3 PM 12:11

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <b>000353930</b>		2. Exact name of the Corporation <b>OCEAN SATE FIRE PROTECTION INC.</b>	
3. Principal Office Address <b>16 KEPLER ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02908</b>	
4. Business Phone Number <b>401-383-6215</b>		5. State of Incorporation <b>RI</b>	
6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE ON THE BUSINESS OF FIRE SAFETY DEVICES</b>			
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <b>CARLOS RODRIGUEZ</b>		Vice-President Name <b>CARLOS RODRIGUEZ</b>	
Street Address <b>16 KEPLER ST</b>		Street Address <b>16 KEPPLER ST</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02908</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment			
NUMBER OF SHARES <b>10,000</b>		CLASS/SERIES <b>STK</b>	PAR VALUE <b>0.01</b>
11. 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. <b>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.</b>			
Name of Authorized Representative <b>Carlos Rodriguez</b>		Date <b>4-20-16</b>	
Signature of Authorized Representative 			

SIGN DOCUMENT HERE

FILED

MAY 03 2016

By **273460**  
**A.A.**