



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

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
135910		OCEAN STATE CPL, INC.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
DE		to operate a central production facility and to deal with real estate			
5. Principal Office Address		City	State	Zip	
5 Benefit Street		Providence	RI	02904	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Robert A. Mongeon			Vice-President Name Guido Petrosinelli		
Street Address 35 Forrest Street			Street Address 4 Stonybrook Lane		
City Berkley	State MA	Zip 02779	City Hope	State RI	Zip 02831
Secretary Name Charles Coelho			Treasurer Name Norbert Zwiener		
Street Address 1200 Fall River Avenue			Street Address 81 Church Street		
City Seekonk	State MA	Zip 02771	City East Greenwich	State RI	Zip 02818
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name Robert A. Mongeon			Director Name James Lynch		
Street Address 35 Forrest Street			Street Address 251 Smith Street		
City Berkley	State MA	Zip 02779	City Providence	State RI	Zip 02908
Director Name Charles Coelho			Director Name Steven Andrade		
Street Address 1200 Fall River Avenue			Street Address 71 Fairview Avenue		
City Seekonk	State MA	Zip 02771	City Rehoboth	State MA	Zip 02769
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Robert A. Mongeon, President				Date 6/1/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

**OCEAN STATE CPL, INC. / CORPORATE ID #135910**  
**DIRECTORS CONTINUED:**

Joseph Prazeres                      25 Fairbanks Avenue  
East Providence, RI 02914

Anthony Medeiros                      65 Deljo Drive  
Seekonk, MA 02777

Carlos Braga                      51 Pond Street  
Rehoboth, MA 02769

Guido Petrosinelli                      4 Stonybrook Lane  
Hope, RI 02831

George Zwiener                      36 Sunset Avenue  
North Kingstown, RI 02852

**FILED**

JUN 15 2016

BY

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