



**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
5 Benefit Street		Providence	RI
		Zip	02904
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
Robert A. Mongeon		Guido Petrosinelli	
Street Address		Street Address	
35 Forrest Street		4 Stonybrook Lane	
City	State	City	State
Berkley	MA	Hope	RI
Zip		Zip	
02779		02831	
Secretary Name		Treasurer Name	
Charles Coelho		Norbert Zwiener	
Street Address		Street Address	
1200 Fall River Avenue		81 Church Street	
City	State	City	State
Seekonk	MA	East Greenwich	RI
Zip		Zip	
02771		02818	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name		Director Name	
Robert A. Mongeon		James Lynch	
Street Address		Street Address	
35 Forrest Street		251 Smith Street	
City	State	City	State
Berkley	MA	Providence	RI
Zip		Zip	
02779		02908	
Director Name		Director Name	
Charles Coelho		Steven Andrade	
Street Address		Street Address	
1200 Fall River Avenue		71 Fairview Avenue	
City	State	City	State
Seekonk	MA	Rehoboth	MA
Zip		Zip	
02771		02769	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
Robert A. Mongeon, President			6/1/2016
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED
JUN 15 2016
BY 44578 DS

**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

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JUN 15 2016

BY

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