



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>19238</u>		2. Exact name of the Corporation <u>Ocean State Rental Corp</u>	
3. Principal Office Address <u>530 Wellington Ave.</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
4. NAICS Code <u>81 Rentals</u>	6. Brief description of the character of business conducted in Rhode Island <u>Rentals, tents tables chairs stages</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Joseph A DeLorenzo Jr.</u>		Vice-President Name <u>Joseph A DeLorenzo III</u>	
Street Address <u>28 Conch Rd.</u>		Street Address <u>241 Central Park West</u>	
City <u>Narr.</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>New York</u>
		State <u>N.Y.</u>	Zip <u>10024</u>
Secretary Name		Treasurer Name <u>Joseph A DeLorenzo Jr.</u>	
Street Address		Street Address <u>28 Conch Rd</u>	
City	State	Zip	City <u>Narr.</u>
		State <u>RI</u>	Zip <u>02882</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address <u>None</u>		Street Address <u>None</u>	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>600</u>	CLASS/SERIES <u>Common</u>
Changes require an additional filing.			PAR VALUE <u>No Par Value</u>
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. 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.			
Name of Authorized Representative <u>Joseph A. DeLorenzo Jr</u>		Date <u>1-12-17</u>	
Signature of Authorized Representative <u>Joseph A. DeLorenzo Jr</u>			

FILED

JAN 17 2017

BY 35862 DS

FORM 630 - Revised: 10/2016

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov