



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES <u>600</u>		
			CLASS/SERIES <u>Common</u>		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. <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 <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  
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