



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 000048371		2. Exact name of the Corporation Omega, Inc.			
3. Principal Office Address 43 Stone Drive		City Cranston		State RI	Zip 02920
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island Real Estate Holdings			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin DeCesaris			Vice-President Name Robert DeCesaris		
Street Address 35693 Abelia Street			Street Address 43 Stone DR.		
City Murrieta	State CA	Zip 92562	City Cranston	State RI	Zip 02920
Secretary Name Robert DeCesaris			Treasurer Name Kevin DeCesaris		
Street Address 43 Stone Drive			Street Address 35693 Abelia Street		
City Cranston	State RI	Zip 02920	City Murrieta	State CA	Zip 92562
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin DeCesaris			Director Name Robert DeCesaris		
Street Address 35693			Street Address 43 Stone Drive		
City Abelia Street	State CA	Zip 92563	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			600	no par/no series	None
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 Robert DeCesaris					Date 1/15/2017
Signature of Authorized Representative 					

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

FILED
JAN 23 2017
BY 457 DS