RI SOS Filing Number: 201737741820 Date: 3/6/2017 4:00:00 PM

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. Corporate ID No	2. Name of Corporation
000789646	OEC Holdings, Inc.

3. Street Address Principal Business Office	City	State	Zip
177 Georgia Avenue	Providence	RI	02905

4. NAICS Code	5. State of Incorporation
53	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
equity holding

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Michael W. McAllister	
Street Address	Street Address
177 Georgia Avenue	
City / State / Zip	City / State / Zip
Providence / RI / 02905	
Secretary Name	Treasurer Name
Christian Gorino	Garth Troxell
Street Address	Street Address
177 Georgia Avenue	177 Georgia Avenue
City / State / Zip	City / State / Zip
Providence / RI / 02905	Providence / RI / 02905

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED: *("X" BOX FOR ATTACHMENT)* ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100 common shares $.01 par value		

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.

Signature — Date: 27 FEB 2017

Michael W. McAllister
Print or Type Name

President
Title

FILED
MAR 06 2017
BY 001745

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

Form 630 – Revised: 10/2016