



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 000131233		2. Exact name of the Corporation Osprey Equipment Corp.												
3. Principal Office Address 40 Shawmut Road, Suite 200			City Canton	State MA	Zip 02021									
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Purchase, Sale and Leasing of machinery and equipment of all kinds.												
5. State of Incorporation Massachusetts														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Vincent F. Barletta			Vice-President Name Michael Foley											
Street Address 6 Glenfeld East			Street Address 10 Rodgers Circle											
City Weston	State MA	Zip 02493-USA	City North Reading	State MA	Zip 01864-USA									
Secretary Name Vincent F. Barletta			Treasurer Name Vincent F. Barletta											
Street Address 6 Glenfeld East			Street Address 6 Glenfeld East											
City Weston	State MA	Zip 02493-USA	City Weston	State MA	Zip 02493-USA									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Vincent F. Barletta			Director Name none											
Street Address 6 Glenfeld East			Street Address											
City Weston	State MA	Zip 02493-USA	City	State	Zip									
Director Name none			Director Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CNP	\$0.00			
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1,000	CNP	\$0.00												
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 Vincent F. Barletta					Date 4/4/17									
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

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FORM 630 - Revised: 02/2017