



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		10. Shares Issued 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.		NUMBER OF SHARES	CLASS/SERIES
		1,000	CNP
			PAR VALUE
		\$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 			

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 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

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FILED

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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