



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 140856		2. Exact name of the Corporation OCEAN STATE AIR SOLUTIONS, INC.										
3. Principal Office Address 1844 EAST MAIN ROAD		City PORTSMOUTH	State RI									
		Zip 02871										
4. NAICS Code 54	6. Brief description of the character of business conducted in Rhode Island TO CONDUCT INTERIOR DESIGN SERVICES, AIR QUALITY TESTING AND REMEDIATION SERVICES											
5. State of Incorporation RHODE ISLAND												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>												
President Name CRAIG CLARK		Vice-President Name MARY BETH CLARK										
Street Address 701 PARK AVENUE		Street Address 701 PARK AVENUE										
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI									
Zip 02871		Zip 02871										
Secretary Name CRAIG CLARK		Treasurer Name CRAIG CLARK										
Street Address 701 PARK AVENUE		Street Address 701 PARK AVENUE										
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI									
Zip 02871		Zip 02871										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	COMMON	NO PAR										
Changes require an additional filing.												
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 <i>Marybeth Clark</i>		Date <i>4-4-17</i>										
Signature of Authorized Representative <i>Marybeth Clark</i>												

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

MAY 15 2017

BY *3386*

10/2016