



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 25 2018

BY

4600

1. Entity ID Number 568334		2. Exact name of the Corporation OCEAN STATE PYROTECHNICS, INC.			
3. Principal Office Address 410 KINGSTOWN ROAD SUITE 3			City WEST KINGSTON	State RI	Zip 02892
4. NAICS Code 238510		6. Brief description of the character of business conducted in Rhode Island PYROTECHNICS AND DEMOLITION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOHN RUGGIERI			Vice-President Name		
Street Address 26A WOODY HILL ROAD			Street Address		
City HOPE VALLEY	State RI	Zip 02832	City	State	Zip
Secretary Name JOHN RUGGIERI			Treasurer Name		
Street Address 26A WOODY HILL ROAD			Street Address		
City HOPE VALLEY	State RI	Zip 02832	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JOHN RUGGIERI			Director Name		
Street Address 26A WOODY HILL ROAD			Street Address		
City HOPE VALLEY	State RI	Zip 02832	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 1000	CLASS/SERIES	PAR VALUE 1.50	
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 JOHN RUGGIERI				Date 1-22-18	
Signature of Authorized Representative				SIGN DOCUMENT HERE	

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