



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.

1. Entity ID Number <b>000131233</b>		2. Exact name of the Corporation <b>Osprey Equipment Corp.</b>			
3. Principal Office Address <b>40 Shawmut Road, Suite 200</b>			City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>
4. NAICS Code <b>23-Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>Purchase, Sale and Leasing of machinery and equipment of all kinds.</b>			
5. State of Incorporation <b>Massachusetts</b>		<b>236118</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Vincent F. Barletta</b>			Vice-President Name <b>Michael Foley</b>		
Street Address <b>6 Glenfeld East</b>			Street Address <b>10 Rodgers Avenue</b>		
City <b>Weston</b>	State <b>MA</b>	Zip <b>02493</b>	City <b>North Reading</b>	State <b>MA</b>	Zip <b>01864</b>
Secretary Name <b>Vincent F. Barletta</b>			Treasurer Name <b>Vincent F. Barletta</b>		
Street Address <b>6 Glenfeld East</b>			Street Address <b>6 Glenfeld East</b>		
City <b>Weston</b>	State <b>MA</b>	Zip <b>02493</b>	City <b>Weston</b>	State <b>MA</b>	Zip <b>01864</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Vincent F. Barletta</b>			Director Name <b>Michael Foley</b>		
Street Address <b>6 Glenfeld East</b>			Street Address <b>10 Rodgers Avenue</b>		
City <b>Weston</b>	State <b>MA</b>	Zip <b>02493</b>	City <b>North Reading</b>	State <b>MA</b>	Zip <b>01864</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>CNP</b>	PAY VALUE <b>0</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Vincent F. Barletta</b>				Date <b>1/30/18</b>	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

145 W. River Street, Providence, Rhode Island 02904-2600

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FEB 09 2018

BY

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FORM 630 - Revised: 10/2017