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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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.

BY.	FEB 21 2018
2912	_00

Entity ID Number	2. Exact name of	of the Corporation						
38835	Ocean Side Pi	ublications, Inc.						
3. Principal Office Address	incipal Office Address		City		State	Zip		
· '	450 Veterans Memorial Parkway Bldg 15		East Provider	nce	RI	02914		
4. NAICS Code 5. State of Incorporation Rhode Island		ion of the charact	er of business con	iducted in Rhode Isl	and			
7. List ALL officers (names and add	resses)			Check th	ne box to ind	icate an attachment 🔼		
President Name Russell A. Settipane, MD				Vice-President Name Robert J. Settipane, MD				
Street Address 450 Veterans Memor		ldg 15	Street Address	50 Veterans Memo				
	State RI	^{Zıp} 02914	City East Provi		State RI	^{Zip} 02914		
Secretary Name Robert J. Settipane		Treasurer Name	Russell A. Settipar	ne, MD				
Street Address 450 Veterans Memor		ldg 15	Street Address 4	50 Veterans Memo		y Bldg 15		
City East Providence	State RI	^{Zip} 02914	City East Providence		State RI	^{Ζιρ} 02914		
8 List ALL directors (names and ad	dresses)	^		Check th	ne box to ind	icate an attachment		
Director Name Russell A. Settipane				uy J. Settipane				
Street Address 450 Veterans Memo		ldg 15	Street Address 2	70 Gano Street				
City Warwick East Providence	State RI	^{Zip} 02914	City Providence		State RI	^{Zip} 02906		
Director Name Robert J. Settipane,	JM		Director Name					
	Street Address 450 Veterans Memorial Parkway Bldg 15 Street Address							
City Warwick East Providence	State RI	Zip 02914	City		State	Zip		
9. Shares Authorized		10. Shares Issu			ne box to ind	icate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES Common		No par value		
Changes require an additional filing.								
11. This report must be executed or	n behalf of the co	orporation by an a	uthorized represer	ntative. If the corpora	etion is in the	hands of a receiver or		
trustee, this report must be execute	d on behalf of th	e corporation by t	he receiver or trus	itee.				
Under penalty of perjury, I declar statements, and that all statemen	its contained he			luding any accomp		edules and		
Name of Authorized Representative Russell A. Settipane, MD Date 2/13/18					3/18			
Signature of Muthorized Representa	ative	SIGN DOC	UMENT HER	E				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Ocean Side Publications, Inc. Continuation Sheet to Annual Report

7. Names and addresses of the officers.

Chairman of the Board

Robert J. Settipane, MD

450 Veterans Memorial Parkway Bldg 15

East Providence, RI 02914

FILED

FEB 21 2018

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