RI SOS Filing Number: 201859304260 Date: 2/26/2018 4:00:00 PM

Corporation

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year:

2018

FEB 26 2018

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

--> Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
87802		OCEAN STATE EDUCATIONAL SEMINARS, INC.						
3. Principal Office Address			City		State	Zip		
P.O. Box Y			Chepa	achet	RI	02	814	
4. NAICS Code	6. Brief descr	ription of the characte	r of business co	nducted in Rhode Isla	and			
621399	Р	Providing programs of instruction to professionals and non-professionals.						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and	addresses)		•		ne box to in	ndicate an atta	chment \square	
President Name Marie A. Wilks			Vice-President Name Marie A. Wilks					
Street Address P.O. Box Y			Street Address P.O. Box Y					
City Chepachet	State RI	Zip 02814	City	Chepachet	State RI	I Zip C	02814	
Secretary Name Zachary K. Wilks			Treasurer Name Kevin M. Wilks					
Street Address P.O. Box Y			Street Address P.O. Box Y					
City Chepachet	State RI	Zip 02814	Citÿ	Chepachet	State RI	Zip	02814	
8. List ALL directors (names an	nd addresses)			Check th	ne box to i	indicate an atta	ichment 🗀	
Director Name N/A			Director Name		_		<u> </u>	
Street Address	Street Address							
City	State	Zip	City		State	Zip		
Director Name		I	Director Name					
Street Address	Street Address							
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Issue	ed	Check th	ne box to i	indicate an atta	ichment 🗆	
This information is currently of r		NUMBER OF SHARES CLASS/SERIES						
Department of State.		100		COMMON		No Par Valu	ne et	
Changes require an additional fi	iling.			· · · · · · · · · · · · · · · · · · ·				
11. This report must be execute	ed on behalf of the	corporation by an au	thorized represe	entative. If the corpora	ation is in	the hands of a	receiver or	
trustee, this report must be exe	ecuted on behalf of	f the corporation by th	<u>ie receiver or tru</u>	istee.				
Under penalty of perjury, I de				cluding any accomp	oanying s	chedules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date			
Marie A. Wilks, President of OCEAN STATE EDUCATIONAL SEMINARS, INC.					February 14, 2018			
Signature of Authorized Repres	sentative							
m . 1	(10)	SIGN BOC	UMENT 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