



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000109929

2. Name of Corporation OSHEAN, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

611519

4. Corporate Address in Rhode Island

No. and Street: 6946 POST ROAD
SUITE 402

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE, DEVELOP AND APPLY ADVANCED TECHNOLOGIES TO SUPPORT
GROWTH AND ENHANCE EDUCATION, RESEARCH AND PUBLIC SERVICE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID MARBLE	6946 POST ROAD, SUITE 402 NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MICHAEL KRAMER	LIFESPAN CORPORATION, 45 BAKER STREET PROVIDENCE, RI 02905 USA
DIRECTOR	DONNA-MARIE FRAPPIER	CRANSTON PUBLIC SCHOOLS, 845 PARK AVE CRANSTON, RI 02919 USA
DIRECTOR	SUMA GADDAM	CARE NEW ENGLAND, 10 HEALTH LANE WARWICK, RI 02886 USA
DIRECTOR	DAVE PORTER	UNIVERSITY OF RHODE ISLAND, 15 LIPPITT ROAD KINGSTON, RI 02881 USA
DIRECTOR	CHRIS LAROUX	OCEAN STATE LIBRARIES, 600 SANDY LANE WARWICK, RI 02886 USA
DIRECTOR	RAY MATHIEU	PROVIDENCE EQUITY PARTNERS, 275 WAYLAND AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	THOMAS THIBODEAU	NE INSTITUTE OF TECHNOLOGY, 1 NEW ENGLAND TECH BLVD EAST GREENWICH, RI 02818 USA
DIRECTOR	RAVI PENDSE	BROWN UNIVERSITY, 69 BROWN STREET PROVIDENCE, RI 02912 USA
DIRECTOR	GLENN CLARK	SALVE REGINA UNIVERSITY, 100 OCHRE POINT AVE NEWPORT, RI 02840 USA
DIRECTOR	PAUL FONTAINE	PROVIDENCE COLLEGE, 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN W. WOLFE 301 PROMENADE STREET PROVIDENCE , RI 02908

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of June, 2018 at 4:23:14 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DAVID MARBLE, PRESIDENT
Signature of Authorized Person

Form No. 631
Revised 09/07

