| | and and Providence of State - Bus | | ces Divisio | on | | | | , yp | |
|--|-----------------------------------|---|-------------------|------------------|------------|----------|----------------------------|-------------|--------|
| Annual Report for the Limited Liability Co. → Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$2 | mpany mber 1 - Novemb | er 1 | ecember 1. | | | _ | • • | 2010 SEP | CORPOR |
| 1. Entity ID Number | Liability Com | iability Company | | | | - 25 | 1 | | |
| 000795752 Ocean Star Audit Services, LLC | | | | | | | | P 32 | OX. |
| 3. NAICS Code 54 1 2 1 1 5. State of Formation RI | aracter of busi speciality mar | acter of business conducted in Rhode Island eciality manufacturers. | | | | 2: 45 | ASS | | |
| 6. Principal Office Address | | | City | City | | | Zip | | |
| 24 Anchorage Way | | | Barring | Barrington | | | 02806 | <u> </u> | |
| 7. Mailing Address of Limite | • | y and Name or | Title of Contac | Person | • | | | | |
| Contact Name Francis X. M | cMahon | | Contact T | itle | | | | | |
| Street Address Four Richmond Square | | | City Pro | vidence | Sta | te RI | Zip 02 | 906 | |
| 8. List ALL managers (nam | nes and addresses) | of the Limited I | iability Compa | ny, IF APPLICA | BLE - DO N | OT LIST | MEMBERS | | |
| Manager Name | | | Manager | Name | | | | | |
| Street Address | | | Street Add | Street Address | | | | | |
| City | State | Zip | City | <u> </u> | Sta | te | Zip | | 司 |
| Manager Name | | <u> </u> | Manager | Name | | | | | _ |
| Street Address | Street Add | Street Address | | | | | | | |
| City | State | Zip | City | | Sta | te | Zip | | |
| | | | | | Chask th | <u> </u> | indicate a= | attacher - | |
| 9. Resident Agent in Rhode | s Island. This informa | ition is currently o | f record with the | Department of St | | | indicate an ng Form 642 | | III |
| Under penalty of perjury, statements, and that all s | I declare and affir | m that I have e | xamined this | report, includir | | | | | |
| Name of Authorized Person | | | | | | e | | | |
| Francis X. McMahon | | | | | | Septem | nber 18, 20 | 19 |] |
| Signature of Authorized Pe | rson | 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 FILED

FORM 632 - Revised: 10/2017