



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

Fee: \$50.00

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

**Business Corporation
Annual Report 2019**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 DEC 31 AM 10:52

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000134608

2. Name of Corporation OCEAN STATE TITLE SERVICES, INC.

3. Street Address Principal Business Office:

No. and Street: 9 NELSON STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

4. Business Phone No.

4019654040

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

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6. Brief Description of the Character of Business Conducted in Rhode Island

TO CONDUCT REAL ESTATE TITLE EXAMINATIONS, RESEARCH AND REPORTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been deceased, the title incorporator is no longer applicable; please delete.

FILED
DEC 31 2018
BY [Signature] IRZKD
10:52

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ALBERTA M NOTA	9 NELSON STREET PROVIDENCE, RI 02908- USA
	Alberta Marie Nota Mrs.	9 NELSON ST PROVIDENCE, RI 02908-3402 US

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	2,000.00	100.00

9. 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.

PROVIDENCE

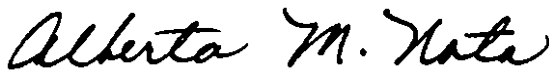
State: RI

Zip: 02908-3402 Country: US

Contact Phone: _____
Contact Email: _____

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 30 Day of December, 2018 at 1:45:23 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Alberta M. Nota 
Signature of Authorized Representative of the Corporation

[Make Corrections](#)

[Accept](#)

Form No. 630
Revised 09/07

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