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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period. January 1 - March 1

→ Filing Fee: \$50.00

Penalty Additional \$25		<u> </u>					
1. Entity ID Number 38835		2. Exact name of the Corporation Ocean Side Publications, Inc.					
	Ocean Side	- doncadons, mc.				¥	
3. Principal Office Address			City		State	Zip	
450 Veterans Memorial Parkway 8Idg 15			East Provide	nce	RI	02914	
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island					
323113	Medical pub	Medical publishing company					
5. State of Incorporation							
Rhode Island	ļ						
7. List ALL officers (names an	d addresses)				the box to indic	cate an attachment 🗹	
President Name Russell A. Se	Vice-President N	Vice-President Name Robert J. Settipane, MD					
Street Address 450 Veterans I	Street Address	Street Address 450 Veterans Memorial Parkway Bldg 15					
City East Providence	State RI	^{Zip} 02914	City East Providence		State RI	^{Zip} 02914	
Secretary Name Robert J. Settipane, MD			Treasurer Name	Treasurer Name Russell A. Settipane, MD			
Street Address 450 Veterans Memorial Parkway Bldg 15			Street Address	Street Address 450 Veterans Memorial Parkway Bldg 15			
City East Providence	State RI	Zip 02914	City East Providence		State RI	Zip 02914	
8. List ALL directors (names a	ind addresses)			Check '	the box to indi	cate an attachment 🗔	
Director Name Russell A. Set	tipane, MD		Director Name G	Guy J. Settipane			
Street Address 450 Veterans I	flemorial Parkway	Bldg 15	Street Address	270 Gano Street	-		
City Warwick	State RI	Zip 02914	City Providence		State RI	Zip 02906	
Director Name Robert J. Settipane, JM			Director Name				
Street Address 450 Veterans I	demorial Parkway	Bldg 15	Street Address				
City Warwick	State RI	Zip 02914	City		State	Zip	
9. Shares Authorized		10. Shares Iss	sued	Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	F SHARES	CLASS/SERIES PAR VALUE			
		4		Common		No par value	
				_			
11 This report must be execu					ration is in the	hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I de					panying sche	edules and	
statements, and that all sta							
Name of Authorized Representative					Date		
Russell A. Settipane, MD					//-	11/19	
Signature of Anthorized Repre	esentative	SIGN DO	EUMENT HER	FIIFN Ø	 ン	,	
			.	<u></u>	-		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www sos ri gov FEB 0 6 2019

\$17.002

Corporate ID No. 38835

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