



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: **2019**  
 Corporation

*Amendment*

**STAMP**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>1683831</b>		2. Exact name of the Corporation <b>Omni Resource Management, Inc.</b>			
3. Principal Office Address <b>115 Newport Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>561790</b>		6. Brief description of the character of business conducted in Rhode Island <b>Corporate Management and Investment</b>			
5. State of Incorporation <b>Massachusetts</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Christopher Pratt</b>			Vice-President Name		
Street Address <b>265 King Street</b>			Street Address		
City <b>Cohasset</b>	State <b>MA</b>	Zip <b>02025</b>	City	State	Zip
Secretary Name <b>Christopher Pratt</b>			Treasurer Name <b>Christopher Pratt</b>		
Street Address <b>265 King Street</b>			Street Address <b>265 King Street</b>		
City <b>Cohasset</b>	State <b>MA</b>	Zip <b>02025</b>	City <b>Cohasset</b>	State <b>MA</b>	Zip <b>02025</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Christopher Pratt</b>			Director Name		
Street Address <b>265 King Street</b>			Street Address		
City <b>Cohasset</b>	State <b>MA</b>	Zip <b>02025</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>275,000</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</b>
11. 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.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>Lawrence L. Lewis</b>				Date <b>03/14/2019</b>	
Signature of Authorized Representative <i>Lawrence L. Lewis</i>				SIGN DOCUMENT HERE <b>FILED</b>	

2019 MAR 18 AM 11:59  
 STATE OF RHODE ISLAND  
 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov

**FILED**  
 MAR 18 2019  
 BY A.A. 11:59 AM.



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

March 18, 2019 11:59 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

