



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 1683831		2. Exact name of the Corporation Omni Resource Management, Inc.			
3. Principal Office Address 115 Newport Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 561790		6. Brief description of the character of business conducted in Rhode Island Corporate Management and Investment			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Christopher Pratt			Vice-President Name		
Street Address 265 King Street			Street Address		
City Cohasset	State MA	Zip 02025	City	State	Zip
Secretary Name Christopher Pratt			Treasurer Name Christopher Pratt		
Street Address 265 King Street			Street Address 265 King Street		
City Cohasset	State MA	Zip 02025	City Cohasset	State MA	Zip 02025
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Christopher Pratt			Director Name		
Street Address 265 King Street			Street Address		
City Cohasset	State MA	Zip 02025	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 275,000	CLASS/SERIES Common	PAR VALUE No Par
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.					
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.					
Name of Authorized Representative Lawrence L. Lewis				Date 03/14/2019	
Signature of Authorized Representative <i>Lawrence L. Lewis</i>				SIGN DOCUMENT HERE FILED	

03/18/2019 11:59 AM
 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE

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

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