



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

**Annual Report for the year: 2018**  
**Corporation**

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

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 CORPORATIONS DIV.  
 2019 FEB 11 PM 12:45

1. Entity ID Number <b>000353930</b>		2. Exact name of the Corporation <b>OCEAN STATE FIRE PROTECTION INC.</b>			
3. Principal Office Address <b>16 KEPLER STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>999999</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE ON THE BUSINESS OF FIRE SAFETY DEVICES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CARLOS RODRIGUEZ</b>			Vice-President Name <b>CARLOS RODRIGUEZ</b>		
Street Address <b>16 KEPLER STREET</b>			Street Address <b>16 KEPLER STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000	STK	0.01
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. <i>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.</i>					
Name of Authorized Representative <b>CARLOS RODRIGUEZ</b>				Date <b>12/05/2018</b>	
Signature of Authorized Representative 				Date <b>12:05</b>	

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**FILED**

JUN 27 2019

SIGN DOC BY M953V