



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.

2019 FEB 11 PM 12:45

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.

1. Entity ID Number 000353930		2. Exact name of the Corporation OCEAN STATE FIRE PROTECTION INC.			
3. Principal Office Address 16 KEPLER STREET		City PROVIDENCE		State RI	Zip 02908
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE ON THE BUSINESS OF FIRE SAFETY DEVICES			
5. State of Incorporation RHODE ISLAND		7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CARLOS RODRIGUEZ					
Street Address 16 KEPLER STREET		Street Address 16 KEPLER STREET		2019 JUN 27 PM 12:08 SECRETARY OF STATE CORPORATIONS DIV.	
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE		
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>		2019 MAY 28 PM 12:51 SECRETARY OF STATE CORPORATIONS DIV.			
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 Check the box to indicate an attachment <input type="checkbox"/>			
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 CARLOS RODRIGUEZ				Date 12/05/2018	
Signature of Authorized Representative 				Date 12:05	

FILED
 JUN 27 2019
 SIGN DOC BY **BM953V**

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