RI SOS Filing Number: 201925211380 Date: 10/24/2019 3:01:00 PM

RECEIVED SECRETARY OF STATE CORPORATIONS DIV



State of Rhode Island and Providence Plantations Department of State Purinees Services Division nartment of State - Rusin

Department of State - Business Services Division					2019 OCT 24 PM 3: 00		
Annual Report for the	year: a	1019					
Corporation	<u>~</u>		_				
→ Filing period: January 1	- March 1	•				•	
→ Filing Fee: \$50.00 → Penalty Additional \$25.0	O foo if form is a	of floor by April 4					
1. Entity ID Number							
· ·	2. Exact name of the Corporation UCEAN State Massary INC. City J State Zip Glocester RI 08857						
001673351	0(16	in State 1	V1452274	INC.			
3. Principal Office Address			City 3		State	Zip	
No Dester Sunn	iders Road		6-100	oter	RI	09827	
4 NAICS Code	6. Bnef desc	cription of the charact	ter of business co	inducted in Rhade I:	sland	•	
238140	000	× 00 (1)	• 6				
5 State of Incorporation		sonly 4	J011C				
l bt		V					
7 List ALL officers (names and	Check the box to indicate an attachment						
President Name			Vice-President Name				
President Naphanel Street Address Gallant 16 Dexter Sanders Red City Glacester State State 200 2857 Secretary Name			Street Address				
G-MICKESFIELT	16 Dexter Sin	ados Rd					
City Glacester	Slate 10 T	20252	City		State	Zip	
Secretary Name	<u> </u>		Treasurer Name		<u> </u>		
Street Address			Street Address				
City	State	Zo	City		State	Zip	
			""		,x0,c	2.0	
8. List ALL directors (names an	d addresses)			Check	the box to indi	cate an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zη	City		State	Zip	
Director Name	Name		Director Name		<u> </u>		
Character 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Street Address			Street Address				
Crty	State	Zip	City		State	Zip	
0.65							
9. Shares Authorized This information is currently of record in the			10 Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES		
Department of State.			$\overline{}$	٠٠ ٫٠٠		71)	
Changes require an additional filing.		<u> </u>					
				•••			
11. This report must be execute	ed on behalf of the	e corporation by an a	uthorized represe	entative. If the corpo	ration is in the	hands of a receiver or	
trustee, this report must be exe Under penalty of perjury, I de	cuted on behal' o	If the comporation by that I have examine	the receiver or tru	istee Istuding any accor	noanvina sch	dulas and	
statements, and that all state	ments contained	d herein are true an	d correct.	clauling any accom	panying sent	cuales ellu	
Name of Authorized Represent	ative A				Date		
Cambonin	_				19/10/	2319	
Signature of Authorized Repres							
Jurrett 6	Inhanel	. N * * *	CONTRACTOR	FILED			

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

OCT 2 4 2019

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BY On ALE 77 FORM 630 - Revised: 02/2017