



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

Annual Report for the year: 2020
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 44337		2. Exact name of the Corporation Russ' Ocean State, Inc.			
3. Principal Office Address 35 Albany Road			City Warwick	State RI	Zip 02888
4. NAICS Code 441228		6. Brief description of the character of business conducted in Rhode Island Sales and Service of Motorcycles: Sales of Accessories and Related Items			
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 Russell D. Hampton			Vice-President Name Barbara E. Hampton		
Street Address 35 Albany Road			Street Address 35 Albany Road		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Barbara E. Hampton			Treasurer Name Russell D. Hampton		
Street Address 35 Albany Road			Street Address 35 Albany Road		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Russell D. Hampton			Director Name Barbara E. Hampton		
Street Address 35 Albany Road			Street Address 35 Albany Road		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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/SERIALS
			540		B
			60		A
			PAR VALUE		
			0		
			0		
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 Barbara E. Hampton					Date 1/10/2020
Signature of Authorized Representative <i>Barbara Hampton</i>					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

FILED
JAN 21 2020
 BY 7880 KM
 FORM 630 - Revised: 10/2017