



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

**FILED**

**Annual Report for the year: 2020**  
**Corporation**

FEB 27 2020  
 BY 6235 DS

- 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 <b>568334</b>		2. Exact name of the Corporation <b>OCEAN STATE PYROTECHNICES, INC.</b>			
3. Principal Office Address <b>410 KINGSTOWN ROAD SUITE 3</b>		City <b>WEST KINGSTON</b>		State <b>RI</b>	Zip <b>02892</b>
4. NAICS Code <b>238910</b>		6. Brief description of the character of business conducted in Rhode Island <b>PYROTECHNICES AND DEMOLITION</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>JOHN RUGGIERI</b>		Vice-President Name			
Street Address <b>26A WOODY HILL ROAD</b>		Street Address			
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip
Secretary Name <b>JOHN RUGGIERI</b>		Treasurer Name			
Street Address <b>26A WOODY HILL ROAD</b>		Street Address			
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>JOHN RUGGIERI</b>		Director Name			
Street Address <b>26A WOODY HILL ROAD</b>		Street Address			
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>			<b>1.01</b>
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. <b>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.</b>					
Name of Authorized Representative <b>JOHN RUGGIERI</b>				Date <b>1-27-20</b>	
Signature of Authorized Representative 				FILE DOCUMENT HERE	

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