STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
140856	OCEAN STATE AIR SOLUTIONS, INC.			
3. Street Address Principal Business Office		City	State	Zip
130 Hargraves Drive		Portsmouth	Rhode Island	02871
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT INTERIOR DESIGN SERVICES, AIR QUALITY TESTING AND REMEDIATION SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Craig Clark	130 Hargraves Drive	Portsmouth	Rhode Island	02871

Vice President Name	Street Address	City	State	Zip
Mary Beth Clark	130 Hargraves Drive	Portsmouth	Rhode Island	02871

Secretary Name	Street Address	City	State	Zip
Mary Beth Clark	130 Hargraves Drive	Portsmouth	Rhode Island	02871

Treasurer Name	Street Address	City	State	Zip
Craig Clark	130 Hargraves Drive	Portsmouth	Rhode Island	02871

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			100	Common	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 140856 [redacted]

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File Date MAR 0 1 2005
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By
By
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — Date: 2/28/05
Craig Clark
Print or Type Name of Officer
[redacted] President
Title of Officer

Form 630 12/01