



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

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Annual Report for the year: 2018
 Corporation

2020 APR -9 P 2:54

- 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 000057239		2. Exact name of the Corporation Ocean Orthopedic Services, Inc.			
3. Principal Office Address 872 Charles St.			City North Providence	State RI	Zip 02904
4. NAICS Code 423450		6. Brief description of the character of business conducted in Rhode Island Prosthetic/orthotic facility			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John A. Murphy			Vice-President Name Same as Pres.		
Street Address 45 Oakhurst Rd.			Street Address		
City Hopkinton	State MA	Zip 01748	City	State	Zip
Secretary Name Same as Pres.			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"/>					
Director Name John A. Murphy			Director Name		
Street Address 45 Oakhurst Rd.			Street Address		
City Hopkinton	State MA	Zip 01748	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
		1832			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 John A. Murphy					Date 4/3/2020
Signature of Authorized Representative <i>John A. Murphy, Pres.</i>					

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FILED

AUG 03 2020
 BY **OK9RZ** **A.A.**
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