



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

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Annual Report for the year: 2016
 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 PROV	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 OAK HURST ROAD		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 OAK HURST ROAD		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 1832		CLASS/SERIES	PAR VALUE 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 John A. Murphy, Pres.					

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
 AUG 03 2020
 BY **DLG/RZ**

A-A-12-14 PM