



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 20 2021

BY

6895 DS

1. Entity ID Number 18886		2. Exact name of the Corporation OCEAN STATE BODYBUILDERS INC.			
3. Principal Office Address 10 MORGAN MILL RD.		City JOHNSTON		State R.I.	Zip 02919
4. NAICS Code 713940		6. Brief description of the character of business conducted in Rhode Island POWER LIFTING, STRONGMAN, FITNESS GYM			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name THOMAS KLOZA			Vice-President Name ← SAME		
Street Address 39 ELMDALE AVE			Street Address		
City JOHNSTON	State R.I.	Zip 02919	City	State	Zip
Secretary Name SAME AS ABOVE			Treasurer Name ← SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 800	CLASS/SERIES COMMON	PAR VALUE NO PAR
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 THOMAS KLOZA				Date 1-11-21	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020