RI SOS Filing Number: 202190168980 Date: 2/5/2021 4:00:00 PM

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

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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.

1. Entity ID Number	2. Exact name of the Corporation			
000069150	OSPREY BUILDERS, INC.			
3. Principal Office Address		City	State	Zip
358 South Road		Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236115	Residential and commercial building construction			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Michael D. O'Brien					
Street Address			Street Address		
358 South Road					
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
Secretary Name			Treasurer Name		
Michael D. O'Brien			Michael D. O'Brien		
Street Address			Street Address		
358 South Road			358 South Road		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Wakefield	RI	02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	No Par Value
Changes require an additional filing.			

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	Date
Michael D. O'Brien, President	1/31/21

Signature of Authorized Representative: SIGN DOCUMENT HERE — Michael D. O'Brien, President

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

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FEB 05 2021 1:43
BY CW CY7XT

FORM 630 - Revised: 10/2017