



State of Rhode Island and Providence Plantations

## 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.

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FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>000069150</b>		2. Exact name of the Corporation <b>OSPREY BUILDERS, INC.</b>			
3. Principal Office Address <b>358 South Road</b>		City <b>Wakefield</b>		State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>236115</b>	6. Brief description of the character of business conducted in Rhode Island <b>Residential and commercial building construction</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Michael D. O'Brien</b>		Vice-President Name			
Street Address <b>358 South Road</b>		Street Address			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Michael D. O'Brien</b>		Treasurer Name <b>Michael D. O'Brien</b>			
Street Address <b>358 South Road</b>		Street Address <b>358 South Road</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>	
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 <b>Michael D. O'Brien, President</b>				Date <b>1/31/21</b>	
Signature of Authorized Representative <i>Michael D. O'Brien</i>				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

FEB 05 2021

BY *Ch C/XT*

FORM 630 - Revised: 10/2017