



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

F.I.L.D

FEB 10 2021

BY 40134

- 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 000789646		2. Exact name of the Corporation OEC Holdings, Inc.			
3. Principal Office Address 177 GEORGIA AVENUE			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island EQUITY HOLDING.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL W. MCALLISTER			Vice-President Name		
Street Address 177 GEORGIA AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Secretary Name CHRISTIAN GORINO			Treasurer Name GARTH TROXELL		
Street Address 177 GEORGIA AVENUE			Street Address 177 GEORGIA AVENUE		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
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 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	
		100		COMMON	
				PAR VALUE	
				S0.01	
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. <i>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.</i>					
Name of Authorized Representative MICHAEL W. MCALLISTER				Date 1/31/2021	
Signature of Authorized Representative 					

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