



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

MAR 01 2021

BY

[Handwritten signature]

- 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 131979		2. Exact name of the Corporation OCEAN STATE MOORING & MARINE, LTD.			
3. Principal Office Address 2700 WARWICK AVENUE			City WARWICK	State RI	Zip 02889
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island TO REMOVE, REPLACE, INSTALL, ANCHOR, MAINTAIN AND OTHERWISE DEAL IN MARINE MOORINGS			
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 MILLER			Vice-President Name		
Street Address 2700 WARWICK AVENUE			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Secretary Name			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			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	PAR VALUE
		100			00
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 MICHAEL MILLER				Date 2/20/21	
Signature of Authorized Representative <i>[Handwritten signature]</i>					