State of Rhode Island
Department of State - Business Services Division

FILED
MAR 12 2021
BY 31557 DS

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		
000057239	OCEAN Orthopedic Services, INC.		
3. Principal Office Address	City	State	Zip
333 School ST. Suite 203	Pawtucket	RI	02860
4. NAICS Code: 423450	6. Brief description of the character of business conducted in Rhode Island: orthotic / prosthetic		
5. State of Incorporation: MA			

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

President Name	Vice-President Name
John A. Murphy	SAME AS President
Street Address: 45 Oakhurst Rd	Street Address:
City: Hopkinton, State: MA, Zip: 01748	City, State, Zip:
Secretary Name: Valerie Murphy	Treasurer Name:
Street Address: 45 Oakhurst Rd	Street Address:
City: Hopkinton, State: MA, Zip: 01748	City, State, Zip:

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

Director Name	Director Name
John A. Murphy	
Street Address: 45 Oakhurst Rd	Street Address:
City: Hopkinton, State: MA, Zip: 01748	City, State, Zip:
Director Name: Valerie Murphy	Director Name:
Street Address: 45 Oakhurst Rd	Street Address:
City: Hopkinton, State: MA, Zip: 01748	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	CLASS/SERIES	PAR VALUE
1832	CNP	None

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
John A. Murphy	3/1/2021

Signature of Authorized Representative: John A. Murphy, Pres.

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

FORM 630 - Revised: 08/2020