



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2021**  
Limited Liability Company

- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED  
OCT 29 2021  
BY 1566 DS

1. Entity ID Number <b>000796350</b>		2. Exact name of the Limited Liability Company <b>OCEAN STATE ENDEAVORS, LLC</b>	
3. NAICS Code <b>711211</b>		4. Brief description of the character of business conducted in Rhode Island <b>MANAGEMENT PROGRAMS, ATHLETIC PROGRAMS AND CONSULTING.</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>24 PRESCOTT HALL ROAD</b>		City <b>NEWPORT</b>	State <b>RI</b>
		Zip <b>02840</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>THOMAS O'BRIEN</b>		Contact Title <b>MEMBER</b>	
Street Address <b>24 PRESCOTT HALL ROAD</b>		City <b>NEWPORT</b>	State <b>RI</b>
		Zip <b>02840</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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 Person <b>THOMAS O'BRIEN</b>		Date <b>10/24/21</b>	
Signature of Authorized Person 			