



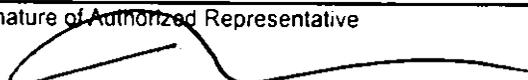
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

JUN 23 2022

7586 ✓

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000124562		2. Exact name of the Corporation OCEAN STATE HOME IMPROVEMENTS, INC.			
3. Principal Office Address 8 BROOKWOOD DRIVE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENT CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN T. DIMAURO, JR.			Vice-President Name LISA DIMAURO		
Street Address 8 BROOKWOOD DRIVE			Street Address 8 BROOKWOOD DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name JOHN T. DIMAURO, JR.			Treasurer Name LISA DIMAURO		
Street Address 8 BROOKWOOD DRIVE			Street Address 8 BROOKWOOD DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES COMMON	PAR VA: UF NPV
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 JOHN T. DIMAURO, JR.				Date 06/10/22	
Signature of Authorized Representative 				Date 6/15/2022	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-26*5
 Phone: (401) 222-3040
 Website: www.sos.ri.gov