



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1


→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 06 2023

BY 1692
ES

1. Entity ID Number 150579		2. Exact name of the Corporation Ocean State Investments, Inc			
3. Principal Office Address P.O. Box94			City Hope	State RI	Zip 02831
4. NAICS Code 53 110		6. Brief description of the character of business conducted in Rhode Island Real Estate			
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 John Ferri			Vice-President Name John Ferri		
Street Address 5 Trout Brook Lane			Street Address 5 Trout Brook Lane		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name John Ferri			Treasurer Name John Ferri		
Street Address 5 Trout Brook Lane			Street Address 5 Trout Brook Lane		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
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 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 CLASS/SERIES PAR VALUE		
			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 John Ferri					Date 01/25/2023
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

FORM 630 - Revised: 11/2021