



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023**

Filing Period: ~~January 1 - March 1~~ • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
 \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 19006		2. Name of Corporation Ocean State Forklifts, Inc.			
3. Street Address Principal Business Office 22 Hollister Road			City Seekonk	State MA	Zip 02771
4. Business Phone No. 1-508-336-4630		5. State of Incorporation RHODE ISLAND <b>541990</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island SELL, LEASE AND SERVICE FORKLIFTS AND OTHER HEAVY EQUIPMENT.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Douglas O'Brien, Sr.			Vice President Name Douglas O'Brien, Jr.		
Street Address 22 Hollister Road			Street Address 22 Hollister Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State RI	Zip 02771
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name n/a			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 (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	common	no par value	-0-	common	no par value
			THIS SECTION MUST BE COMPLETED		

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.



\*19006\*

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

FEB 15 2023  
 24559

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.  
 Signature: Douglas O'Brien  
 Date: 2/9/23  
 Print or Type Name: Douglas O'Brien  
 Title: President