



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 21 2023

BY

1. Entity ID Number 000487675		2. Exact name of the Corporation Ocean State Constable Services, Inc.			
3. Principal Office Address 143 SUDDARD LANE		City NORTH SCITUATE		State RI	Zip 02857
4. NAICS Code 54119		6. Brief description of the character of business conducted in Rhode Island CONSTABLE SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ROBERT S. SERRECCHIA			Vice-President Name CHERYL A. SUDDARD		
Street Address 143 SUDDARD LANE			Street Address 143 SUDDARD LANE		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name ROBERT S. SERRECCHIA			Treasurer Name CHERYL A. SERRECCHIA		
Street Address 143 SUDDARD LANE			Street Address 143 SUDDARD LANE		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name ROBERT S. SERRECCHIA			Director Name		
Street Address 143 SUDDARD LANE			Street Address		
City NORTH SCITUATE	State RI	Zip 02857	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1000	0	0
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. <b>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.</b>					
Name of Authorized Representative Robert Serrecchia				Date 2/16/23	
Signature of Authorized Representative Robert Serrecchia					