

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
MAR 17 2023
 BY 3088 DS

1. Entity ID Number C01681078		2. Exact name of the Corporation O.S.D.P. INC.			
3. Principal Office Address 12 STAGECOACH ROAD			City WESTPORT	State MA	Zip 02790
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island DRYWALL & PLASTER			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>
President Name VICTOR OLIVEIRA			Vice-President Name		
Street Address 12 STAGECOACH ROAD			Street Address		
City WESTPORT	State MA	Zip 02790-1616	City	State	Zip
Secretary Name APRYL OLIVEIRA			Treasurer Name VICTOR OLIVEIRA		
Street Address 12 STAGECOACH ROAD			Street Address 12 STAGECOACH ROAD		
City WESTPORT	State MA	Zip 02790-1616	City WESTPORT	State MA	Zip 02790-1616
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		10. Shares Issued Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		275000		CNP	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. 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 <i>Apryl Oliveira</i>					Date 3/14/23
Signature of Authorized Representative APRYL OLIVEIRA					

MAIL TO:
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 148 W River Street, Providence, Rhode Island 02904-2615
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