RI SOS Filing Number: 202339732700 Date: 7/24/2023 4:00:00 PM

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 STAMP
JUL 24 2023
BY

1. Entity ID Number	2. Exact name of the Corporation			
000124562	OCEAN STATE HOME IMPROVEMENTS, INC.			
3. Principal Office Address		City	State	Zip
8 BROOKWOOD DRIVE		JOHNSTON	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	HOME IMPROVEMENT CONSTRUCTION			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
JOHN T. DIMAURO, JR.			LISA DIMAURO		
Street Address			Street Address		
8 BROOKWOOD DRIVE			8 BROOKWOOD DRIVE		
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	02919
Secretary Name			**Treasurer Name**		
JOHN T. DIMAURO, JR.			LISA DIMAURO		
Street Address			Street Address		
8 BROOKWOOD DRIVE			8 BROOKWOOD DRIVE		
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			**Director Name**		
N/A			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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	COMMON	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	Date
JOHN T. DIMAURO, JR.	7/5/23

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 04/2023