State of Rhode Island

Department of State - Business Services Division

al Report for the year:

2023

FILED, STAIRS

JUL 24 2023

BY 1 2 4 2023

ration → Filing period: February 1 - May 1→ Filing Fee: \$50.00

→ Penalty: Additional \$2	5.00 fee if form is	not filed by May 3	31.		BY	· 7/C	
Entity ID Number	2. Exact nar	2. Exact name of the Corporation				4	
000124562	OCEAN ST	TATE HOME IMP	PROVEMENTS,	INC			
3. Principal Office Address			City		State	Zip	
8 BROOKWOOD DRIVE			TOTAL	JOHNSTON		02919	
4. NAICS Code	6 Brief des	6. Brief description of the character of business conducted in Rhode Island					
T. 14/1100 0000		PROVEMENT CON		35 CONDUCTED III TA	IOUE ISIAIIO		
236118		NOTE IN THE CO.	V3.1.00110				
5. State of Incorporation							
RI							
7. List ALL officers (names a	nd addresses)			Check	the box to indicate a	an attachment [
President Name	nd Eddiessoy		Vice-Presid		THE DOX TO INDICATE E	III attaciment L	
JOHN T. DIMAURO, JR		LISA DIMAURO					
Street Address		Street Address					
8 BROOKWOOD DRIVE			8 BROO	8 BROOKWOOD DRIVE			
City	State	Zıp	City		State	Zip	
JOHNSTON	Ri	02919	JOHNSTON		RI	02919	
Secretary Name			Treasurer Name				
JOHN T. DIMAURO, JR.			LISA D	LISA_DIMAURO			
Street Address			Street Add	Street Address			
8 BROOKWOOD DRIVE			<u> 8</u> BROO	8 BROOKWOOD DRIVE			
City	State	Zip	City			Zip	
JOHNSTON	RI	02919	JOHNSTON		RI	02919	
8. List ALL directors (names	and addresses)			Check	the box to indicate a		
Director Name	Director Na	Director Name					
N/A	N/A	· • · · · · · · · · · · · · · · · · · ·					
Street Address			Street Addr	Street Address			
City	State	Zip	City		State	Zip	
		- 	'			16	
Director Name			Director Na	Director Name			
N/A			N/A	N/A			
Street Address			Street Address				
			j				
City	State	Zip	City	City		Zıp	
9. Shares Authorized		10. Shares I	ares Issued Check t		the box to indicate	an attachment	
This information is currently o	f record in the		R OF SHARES		S/SERIES	PAR VALUE	
Department of State.			- 000	l			
Changes require an additional filing.		 	1,000	COMMON		NPV	
11. This report must be execu	uted on behalf of th	e corporation by a	n authorized ren	recentative. If the	corporation is in the	hands of a re	
ceiver or trustee, this report r	must be executed o	e corporation by a n hehalf of the cor	moration by the r	receiver or trustee	corporation is in the	nands or a re-	
Under penalty of perjury, I	declare and affirm	that I have exam	poration of the inc.	t including any a	eccompanying sch	edules and	
statements, and that all sta	itements containe	d herein are true	and correct.	4 moidaing any a	iooompanyma uum	304.00 41.0	
Name of Authorized Represe			, ======		Date		
JOHN T. DIMAURO, JR.					7/5/23		
Signature of Authorized Repr	resentative						
<i> / \lambda</i>		~~					
, , , ,							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov