



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

Hayes

1. Entity ID Number 000124562		2. Exact name of the Corporation OCEAN STATE HOME IMPROVEMENTS, INC.			
3. Principal Office Address 8 BROOKWOOD DRIVE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENT CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN T. DIMAURO, JR.			Vice-President Name LISA DIMAURO		
Street Address 8 BROOKWOOD DRIVE			Street Address 8 BROOKWOOD DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name JOHN T. DIMAURO, JR.			Treasurer Name LISA DIMAURO		
Street Address 8 BROOKWOOD DRIVE			Street Address 8 BROOKWOOD DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		COMMON
					PAR VALUE
					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 JOHN T. DIMAURO, JR.					Date 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