



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001747701		2. Exact name of the Corporation OFFSHORE CONSULTING CORP.		2023 DEC 13 P 1:28	
3. Principal Office Address 16 ANTHONY STREET			City NEWPORT	State RI	Zip 02840
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island MARKETING CONSULTING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN LIPORACE			Vice-President Name		
Street Address 16 ANTHONY STREET			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN LIPORACE			Director Name		
Street Address 16 ANTHONY STREET			Street Address		
City NEWPORT	State RI	Zip 02840	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	PAR VALUE
		10,000	COMMON	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 JOHN LIPORACE				Date 11-30-2023	
Signature of Authorized Representative 				FILED	

DEC 13 2023

BY ML 4YX137

12:21