



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.

STATE

REC'D RIDGS BSD
24 JAN 23 AM 11:45:33

1. Entity ID Number 000019238		2. Exact name of the Corporation Ocean State Rental Corp.			
3. Principal Office Address 7 Tevere Drive			City Johnston	State RI	Zip 02919
4. NAICS Code 532299		6. Brief description of the character of business conducted in Rhode Island Rentals of tents, tables, chairs and stages			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Lisa M. Scotti			Vice-President Name Lisa M. Scotti		
Street Address 9 Tevere Drive			Street Address 9 Tevere Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Lisa M. Scotti			Treasurer Name Lisa M. Scotti		
Street Address 9 Tevere Drive			Street Address 9 Tevere 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			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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600	CNP	0.00	
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 Lisa M. Scotti				Date 1/18/2024	
Signature of Authorized Representative <i>Lisa M. Scotti</i>				FILED 11:47 JAN 23 2024 BY SE468 PJ	

MAIL TO:
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