	State of Rhode Island Fee: \$20.			
	Office of the Secretary of State			
	Division Of Business Services			
	148 W. River Street			
1636	Providence RI 02904-2615			
1030	(401) 222-3040			
Non-Profit Corp	oration			
Annual Report Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its				
annual report with penalty fee of \$25	in the time prescribed by law (R.I.G.L. 7-6-91) is subject to a 5.00.			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>				
1. Corporate ID No. 001692313				
2. Name of Corporation OCEAN STATE CHARITY EVENTS INC.				
3. State of Incorporation				
State: <u>RI</u>				
NAICS CODE				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>				
NAICS Code				
<u>453998</u>				
433776				
4. Principal Offic	e Address			
No. and Street:	47 COBBLESTONE TERRACE			
City or Town:	<u>COVENTRY</u> State: <u>RI</u> Zip: <u>02816</u> Country: <u>USA</u>			
5. Brief Descripti	ion of the Character of the Affairs Conducted in Rhode Island			
THE PURPOSE OF THE CORPORATION IS TO FURTHER THE MISSION OF DIVERSE				
NONPROFIT TAX-EXEMPT ORGANIZATIONS THROUGH CHARITABLE				
FUNDRAISING SERVICES, AND TO CARRY ON ANY OTHER LAWFUL ACTIVITY IN				
SUPPORT AND TO THE BENEFIT OF THE FOREGOING STATED PURPOSES AS MAY				
BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE				
INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A CORPORATION				
FORMED UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT, R.I. GEN.				
LAWS 7-6 ET S	<u>EQ.</u>			

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EDMUND EGAN	47 COBBLESTONE TERRACE COVENTRY, RI 02816 USA
PRESIDENT	EDMUND J EGAN	47 COBBLESTONE TERRACE COVENTRY, RI 02816 USA
PRESIDENT	EDMUND J EGAN	47 COBBLESTONE TER COVENTRY, RI 02816 UNI
TREASURER	EDMUND EGAN	47 COBBLESTONE TERRACE COVENTRY, RI 02816 USA
SECRETARY	ROSS HUDSON	24B MAIN STREET NORTH KINGSTOWN, RI 02852 USA
CEO	EDMUND EGAN	47 COBBLESTONE TERRACE COVENTRY, RI 02816 UNI
DIRECTOR	EDMUND EGAN	47 COBBLESTONE TERRACE COVENTRY, RI 02816 USA
DIRECTOR	ROSS HUDSON	24B MAIN STREET NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	PAUL DONNELLY	16 JUNIPER ROAD #23 NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	JOSEPH ROCCO	53 LAKE ST. REHOBOTH, MA 02769 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

WILLIAM E. O'GARA, ESQ. 1301 ATWOOD AVENUE, SUITE 215N JOHNSTON, RI 02919

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 31 Day of January, 2024 at 9:17:08 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By EDMUND EGAN

Signature of Authorized Person

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