



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

Annual Report for the year: 2024

FILED

Corporation

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

FEB 12 2024
BY 24718
DS

1. Entity ID Number 19006		2. Exact name of the Corporation Ocean State Forklifts, Inc.			
3. Principal Office Address 22 Hollister Road			City Seekonk	State MA	Zip 02771
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island Sell, lease and service forklifts and other heavy equipment and all other lawful purposes.			
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 Douglas O'Brien, Sr.			Vice-President Name Douglas O'Brien, Jr.		
Street Address 22 Hollister Road			Street Address 22 Hollister Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
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 n/a			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.			N.J.M.B.F.R. OF SHARES	CLASS/SFRIES	PAR VALUE
			0	common	no par value
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 Douglas O'Brien, Sr., President					Date 2/5/24
Signature of Authorized Representative 					