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**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.

1. Entity ID Number 000019042		2. Exact name of the Corporation Ocean State Janitorial Services, Inc.			
3. Principal Office Address 243 Narragansett Park Drive			City East Providence	State RI	Zip 02916
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island Janitorial services for commercial business, office buildings, schools, ect.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David G. Agostini			Vice-President Name Joshua Agostini		
Street Address 30 Emily Way			Street Address 243 Narragansett Park Drive		
City Seekonk	State MA	Zip 02771	City East Providence	State RI	Zip 02916
Secretary Name David G. Agostini			Treasurer Name David G. Agostini		
Street Address 30 Emily Way			Street Address 30 Emily Way		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David G. Agostini			Director Name Steven J. Agostini		
Street Address 30 Emily Way			Street Address 120 Cameron Way		
City Seekonk	State MA	Zip 02771	City Rehoboth	State MA	Zip 02769
Director Name Paula J. Bizier			Director Name		
Street Address 243 Narragansett Park Drive			Street Address		
City East Providence	State RI	Zip 02916	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
		270.88		Common Shares	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 Joshua Agostini				Date 2/9/2024 5:29 PM EST	
Signature of Authorized Representative <i>Joshua Agostini</i> FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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