



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.

REC'D RIDOS BSD
24 FEB 14 PM 1:19:54

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 ☐														
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 ☐														
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 ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>270.88</td> <td>Common Shares</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	270.88	Common Shares	no par value			
		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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