



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

FEB 15 2024

Corporation

BY 1089
DS

- 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 001710188		2. Exact name of the Corporation OCEAN STATE BOAT MOVERS INC.			
3. Principal Office Address 2711 POST RD		City WARWICK		State RI	Zip 02886
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island TRUCKING- BOAT MOVING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name WILLIAM GIVEN			Vice-President Name		
Street Address 56 FRIENDLY RD			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
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 ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE NPV
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 WILLIAM GIVEN				Date 2-5-24	
Signature of Authorized Representative 					

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