



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.

FILED

APR 17 2024

BY

3683

1. Entity ID Number 000353930		2. Exact name of the Corporation OCEAN STATE FIRE PROTECTION INC	
3. Principal Office Address 16 KEPLER STREET		City PROVIDENCE	State RI
		Zip 02909	
4. NAICS Code L- 921100	6. Brief description of the character of business conducted in Rhode Island FIRE SAFETY DEVICES		
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 CARLOS RODRIGUEZ		Vice-President Name	
Street Address 16 KEPLER STREET		Street Address	
City PROVIDENCE	State RI	Zip	
Secretary Name 02908		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1000	CLASS/SERIES STK
		PAR VALUE 0.01	
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 CARLOS RODRIGUEZ		Date 04/15/2024	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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