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

Annual Report for the year: 2025
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 <u>1734984</u>		2. Exact name of the Corporation <u>Ocean State NGMT Inc.</u>			
3. Principal Office Address <u>21 Algonquin St.</u>		City <u>Providence</u>		State <u>R.I.</u>	Zip <u>02907</u>
4. NAICS Code <u>485999</u>		6. Brief description of the character of business conducted in Rhode Island <u>Medical transportation</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Nathan Chan</u>		Vice-President Name <u>Robert Chan</u>			
Street Address <u>475 Shadow Rock Ct.</u>		Street Address <u>21 Algonquin St.</u>			
City <u>San Jose</u>	State <u>CA.</u>	Zip <u>95136</u>	City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02907</u>
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		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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1,000</u>		<u>CRP</u>	<u>\$0.000</u>
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. <i>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.</i>					
Name of Authorized Representative <u>Robert Chan</u>				Date <u>12/04/2024</u>	
Signature of Authorized Representative <u>[Signature]</u>					

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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FORM 630- Revised 12/2023

BY 33FPB

