RI SOS Filing Number: 202563069360 Date: 1/21/2025 4:00:00 PM

State of Rhode Island Department of Sta		THE P. L.						
Annual Report for the year: 2025  Corporation  → Filing period: February 1 - May 1					12N 2 1 2025			
→ 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								
3. Principal Office Address City State Zip								
2711 POST RD			WARWICK		RI		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	<sup>Zip</sup> 02910	City		State	;	Zip	
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City		State	9	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		Žip	
9. Shares Authorized		10. Shares Issue	d	Chec	k the box to in	idicate an at	achment 🔲	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CNP	CLASS/SERIES PAR VALUE NPV			
Changes require an additional filing.								
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 Date								
William T Given Signature of Authorized Representative					1-16.25			
will 1 Ai								

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

Website: www.sos.ri.gov