



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.

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<b>1. Entity ID Number</b> 001710188		<b>2. Exact name of the Corporation</b> OCEAN STATE BOAT MOVERS INC			
<b>3. Principal Office Address</b> 2711 POST RD		<b>City</b> WARWICK		<b>State</b> RI	<b>Zip</b> 02886
<b>4. NAICS Code</b> 238990		<b>6. Brief description of the character of business conducted in Rhode Island</b> TRUCKING- BOAT MOVING			
<b>5. State of Incorporation</b> RI					
<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<b>President Name</b> WILLIAM GIVEN			<b>Vice-President Name</b>		
<b>Street Address</b> 56 FRIENDLY RD			<b>Street Address</b>		
<b>City</b> CRANSTON	<b>State</b> RI	<b>Zip</b> 02910	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Secretary Name</b>			<b>Treasurer Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<b>Director Name</b>			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Director Name</b>			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>9. Shares Authorized</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			<b>10. Shares Issued</b>		
			<div style="display: flex; justify-content: space-between;"><div>NUMBER OF SHARES</div><div>CLASS/SERIES</div><div>PAR VALUE</div></div> <div style="display: flex; justify-content: space-between;"><div>1000</div><div>CNP</div><div>NPV</div></div>		
<b>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.</b>					
<b>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.</b>					
<b>Name of Authorized Representative</b> William J Given					<b>Date</b> 1-16-25
<b>Signature of Authorized Representative</b> 					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov