



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.

FILED

FEB 24 2025

BY 2515  
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------|
| 1. Entity ID Number<br><b>19006</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  | 2. Exact name of the Corporation<br><b>Ocean State Forklifts, Inc.</b>                                              |                        |
| 3. Principal Office Address<br><b>22 Hollister Road</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                  | City<br><b>Seekonk</b>                                                                                              | State<br><b>MA</b>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  | Zip<br><b>02771</b>                                                                                                 |                        |
| 4. NAICS Code<br><b>541990</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Sell, lease and service forklifts and other heavy equipment and all other lawful purposes.</b> |                                                                                                                     |                        |
| 5. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                  |                                                                                                                     |                        |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                  |                                                                                                                     |                        |
| President Name<br><b>Douglas O'Brien, Sr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  | Vice-President Name<br><b>Douglas O'Brien, Jr.</b>                                                                  |                        |
| Street Address<br><b>22 Hollister Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                  | Street Address<br><b>22 Hollister Road</b>                                                                          |                        |
| City<br><b>Seekonk</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>MA</b>                                                                                                                                                               | City<br><b>Seekonk</b>                                                                                              | State<br><b>MA</b>     |
| Zip<br><b>02771</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  | Zip<br><b>02771</b>                                                                                                 |                        |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                  | Treasurer Name                                                                                                      |                        |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                  | Street Address                                                                                                      |                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                                                            | City                                                                                                                | State                  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  | Zip                                                                                                                 |                        |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |                                                                                                                     |                        |
| Director Name<br><b>n/a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                  | Director Name                                                                                                       |                        |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                  | Street Address                                                                                                      |                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                                                            | City                                                                                                                | State                  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  | Zip                                                                                                                 |                        |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  | Director Name                                                                                                       |                        |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                  | Street Address                                                                                                      |                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                                                            | City                                                                                                                | State                  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  | Zip                                                                                                                 |                        |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                  | 10. Shares Issued <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.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                  | NUMBER OF SHARES                                                                                                    |                        |
| Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                  | CLASS/SERIES                                                                                                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  | PAR VALUE                                                                                                           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  | <b>0</b>                                                                                                            | <b>common</b>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |                                                                                                                     | <b>no par value</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.<br><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> |                                                                                                                                                                                  |                                                                                                                     |                        |
| Name of Authorized Representative<br><b>Douglas O'Brien, Sr., President</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                  |                                                                                                                     | Date<br><b>2/11/25</b> |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                  |                                                                                                                     |                        |

MAIL TO:  
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