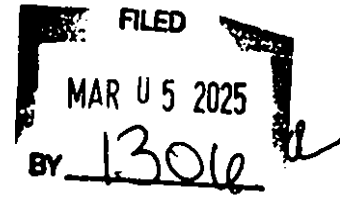


State of Rhode Island
Department of State - Business Services Division

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 000124562		2. Exact name of the Corporation OCEAN STATE HOME IMPROVEMENTS, INC.				
3. Principal Office Address 8 BROOKWOOD DRIVE			City JOHNSTON	State RI	Zip 02919	
4. NAICS Code 236110	6. Brief description of the character of business conducted in Rhode Island					
5. State of Incorporation RI	RESIDENTIAL CONSTRUCTION					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name JOHN T. DIMAURO JR.			Vice-President Name LISA M. DIMAURO			
Street Address 8 BROOKWOOD DRIVE			Street Address 8 BROOKWOOD DRIVE			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919	
Secretary Name JOHN T. DIMAURO JR.			Treasurer Name LISA M. DIMAURO			
Street Address 8 BROOKWOOD DRIVE			Street Address 8 BROOKWOOD DRIVE			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919	
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.		Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		1000		COMMON		0
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 3/2/25	
Signature of Authorized Representative JOHN T. DIMAURO JR.						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov