	State of Rhode	Island	Fee: \$50.00				
	Office of the Secret						
	Division Of Busines						
	148 W. River S Providence RI 029						
7636	(401) 222-30						
Foreign Business Corporat							
Annual Report							
Filing Period: February 1 - May	1						
	In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to						
file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.							
ANNUAL REPORT YEAR - ENT	ER THE CURRENT YEAR 2	<b>025</b> : <u>2025</u>					
1. Corporate ID No. 001681078							
2. Name of Corporation O.S.D	<u>.P., Inc.</u>						
3. Street Address Principal Bu	isiness Office:						
No. and Street: 12 STAGE	COACH ROAD						
City or Town: WESTPOR		te: <u>MA</u> Zip: <u>02790</u>	Country: <u>USA</u>				
4. Business Phone No.							
500,000,4014							
<u>508-989-4014</u>							
5. State of Incorporation							
State: <u>MA</u>							
	NAICS CODE						
Enter the six digit NAICS Code	that best describes the prir	nary business conducted	d by the entity				
Download the list of codes here	•	•					
<u>238900</u>							
6. Brief Description of the Cha							
	6. Brief Description of the Character of Business Conducted in Rhode Island						
DRYWALL, PLASTER AND CARPENTRY. GENERAL CONSTRUCTION							
7. Names and Addresses of the Officers and Directors:							
All officers and directors must be listed.							
Title	Individual Name	Addre					
	First, Middle, Last, Suffix	Address, City or Town, Sta	ate, Zip Code, Country				

PRESIDENT	APRYL OLIVEIRA	12 STAGECOACH RD.	
		WESTPORT, MA 02790 USA	
TREASURER	VICTOR OLIVEIRA	12 STAGECOACH RD	
		WESTPORT, MA 02790 USA	
SECRETARY	APRYL OLIVEIRA	12 STAGECOACH RD	
		WESTPORT, MA 02790 USA	
VICE PRESIDENT	VICTOR OLIVEIRA	12 STAGECOACH RD.	
		WESTPORT, MA 02790 USA	
OTHER OFFICER	APRYL OLIVEIRA	12 STAGECOACH RD.	
		WESTPORT, MA 02790 UNI	

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	275,000.00	275000

9. 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.

**Signed this 8 Day of March, 2025 at 10:47:15 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By APRYL OLIVEIRA

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved