



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number <u>-0011694820</u>		2. Exact name of the Corporation <u>Ocean Gate Renovations INC</u>	
3. Principal Office Address <u>560 Central Ave</u>		City <u>Pawtucket</u>	State <u>R.I.</u>
		Zip <u>02861</u>	
4. NAICS Code <u>561720</u>	6. Brief description of the character of business conducted in Rhode Island <u>Services offered</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Justin Mazey</u>		Vice-President Name	
Street Address <u>560 Central Ave</u>		Street Address	
City <u>Pawtucket</u>	State <u>R.I.</u>	City	State
	Zip <u>02861</u>		Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
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	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>1,000</u>	<u>0</u>
			<u>\$0.01</u>
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 <u>Justin Mazey</u>			Date <u>3/14/2025</u>
Signature of Authorized Representative <u>Justin Mazey</u>			

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

FILED

MAR 14 2025

FORM 600 Revised 12/2023

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