State of Rhode Island Department of State - Business Services Division					REC'!			
Annual Report for the year: 2024  Corporation ————————					0 RI			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00					RIDOS B 12 AH I 1:			
→ Penalty: Additional \$  1. Entity ID Number		fee if form is not filed by May 31.  2. Exact name of the Corporation				1:38 8:38 		
001712698	_	Ocean State of Mind, Inc.						
3. Principal Office Address			City		State	Zip		
12 Paddock Ct.			1 1	Wakefield		02879		
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in F				<u> </u>		
459420	Retail Sto	Retail Store						
5. State of Incorporation Rhode Island	- Totali Ott	3.0						
7. List ALL officers (names a	and addresses)			Check the b	ox to indicate a	in attachment [		
President Name Julia Kasper			Vice-President Name Julia Kasper					
Street Address 12 Paddock Ct.			Street Address 12 Paddock Ct.					
City Wakefield	State RI	<sup>Zip</sup> 02879	<sup>City</sup> Wakefi	eld	State RI	Zip 02879		
Secretary Name Julia Kasper Treasurer			Treasurer Nam	e Julia Kasper		102010		
Street Address 12 Paddoo	Street Address	<u> </u>						
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	<sup>City</sup> Wakefi		State RI	Zip 02879		
8. List ALL directors (names Director Name	and addresses)		Director Name	Check the b	ox to indicate a	n attachment [		
Director Warre			Director Name					
Street Address			Street Address					
City	State	Zip	City	<del>-</del>	State	Zip		
Director Name			Director Name	<del>-</del> -				
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9. Shares Authorized					oox to indicate a			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIE	<u>s</u>	PAR VALUE		
Changes require an additiona	l filing.	200						
11. This report must be exec	uted on behalf of the	corporation by an a	I uthorized represe	entative. If the corpo	pration is in the	hands of a re-		
ceiver or trustee, this report Under penalty of perjury, I	must be executed on declare and affirm to	behalf of the corpor	ation by the rece	iver or trustee.	nonulna cot-	dular and		
statements, and that all st	stements contained	herein are true and	d correct.			uules and		
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date			
Julia Kasper					1			

Signature of Authorized Representative

MÁILTO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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**3Y** 22 7 Form 630- Revised. 12/2023