



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
25 AUG 12 AM 11:37 10

1. Entity ID Number 001712698		2. Exact name of the Corporation Ocean State of Mind, Inc.			
3. Principal Office Address 12 Paddock Ct.			City Wakefield	State RI	Zip 02879
4. NAICS Code 459420		6. Brief description of the character of business conducted in Rhode Island Retail Store			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julia Kasper			Vice-President Name Julia Kasper		
Street Address 12 Paddock Ct.			Street Address 12 Paddock Ct.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Julia Kasper			Treasurer Name Julia Kasper		
Street Address 12 Paddock Ct.			Street Address 12 Paddock Ct.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES			
		CLASS/SERIES			
		PAR VALUE			
		200			
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 Julia Kasper					Date
Signature of Authorized Representative <i>J Kasper</i>					FILED AUG 12 2025 BY 02420

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