



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>47524</b>		2. Name of Corporation <b>OCEAN PALACE, INC.</b>			
3. Street Address Principal Business Office <b>140 PT. JUDITH RD. #39</b>		City <b>NARRAGANSETT</b>		State <b>RI</b>	Zip <b>02882</b>
4. Business Phone No. <b>401-783-9070</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>3079</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RESTAURANT/FOOD SERVICE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>EUGENE J. C. MA</b>			Vice President Name <b>WBI-LZ MA</b>		
Street Address <b>MAZING ADD. SAME AS ABOVE</b>			Street Address <b>MAZING ADD. SAME AS ABOVE</b>		
City	State	Zip	City	State	Zip
Secretary Name <b>WBI-LZ MA</b>			Treasurer Name		
Street Address <b>SAME AS ABOVE</b>			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>500 NO PAR VALUE</b>	<b>COMMON</b>		<b>20</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED** 47524  
Date **FEB 04 2008**  
Check No. **7899**  
By **7899**  
FOR SECRETARY OF STATE USE ONLY

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.

**X** **E. J. C. MA** 1/29/2008  
Signature of Officer Date  
**EUGENE J. C. MA**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer