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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

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
18807	OCEAN HOUSE MARINA, INC.			
3. Street Address Principal Business Office		City	State	Zip
60 TOWN DOCK ROAD PO BOX 1399		CHARLESTOWN	RI	02813
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-364-6040	RHODE ISLAND			4812

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATION OF A MARINA

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ROBERT J. LYONS			ROBERT J. LYONS		
Street Address			Street Address		
60 TOWN DOCK ROAD PO BOX 1399			60 TOWN DOCK ROAD PO BOX 1399		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	CHARLESTOWN	RI	02813
Secretary Name			Treasurer Name		
ROBERT J. LYONS			PAMELA A. LYONS		
Street Address			Street Address		
60 TOWN DOCK ROAD PO BOX 1399			60 TOWN DOCK ROAD PO BOX 1399		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	CHARLESTOWN	RI	02813

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
ROBERT J. LYONS			PAMELA A. LYONS		
Street Address			Street Address		
60 TOWN DOCK ROAD PO BOX 1399			60 TOWN DOCK ROAD PO BOX 1399		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	CHARLESTOWN	RI	02813
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			50	COMMON	NPV

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

[redacted] 1 8 8 0 7

FILED
File Date FEB 20 2008
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By:
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20859-16-234274

[redacted]

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.

Signature of Officer *Date* 1-14-08

ROBERT J. LYONS
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01