

**State of Rhode Island  
and Providence Plantations**  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>20759</b>		2. Name of Corporation <b>OYSTER HOUSE MARINA, INC</b>			
3. Street Address Principal Business Office <b>28 WATER STREET</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
4. Business Phone No. <b>401-474-0400</b>		5. State of Incorporation <b>RI</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>MARINA</b>					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>ANTHONY T FARIA</b>			Vice President Name		
Street Address <b>474 DOVER AVENUE</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
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
<b>9. SHARES AUTHORIZED</b>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS</b>		
			<b>ISSUED SHARES — THIS SECTION MUST BE COMPLETED</b>		
			Number of Shares <b>600</b>	Class/Series <b>COMMON</b>	Par Value <b>0</b>

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.

**FILED**  
File Date: **MAR 01 2011**  
Check No. \_\_\_\_\_  
By: *[Signature]*  
**4834**  
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.

Signature: *[Signature]* Date: **2/25/11**  
**ANTHONY FARIA**  
Print or Type Name  
**PRESIDENT**  
Title