



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 JUN 21 1:18 PM '13

1. Entity ID No. 164712		2. Exact name of the Corporation Jack's Newport Landing, Ltd.			
3. Principal office address 11 Memorial Boulevard		City Newport	State RI	Zip 02840	
4. Business Phone No. 401-849-1510		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION, OWNERSHIP, AND MAINTENANCE OF YACHTS, BOATS AND VESSELS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL K. LYONS			Vice-President Name MICHAEL K. LYONS		
Street Address P.O. BOX 592			Street Address P.O. BOX 592		
City SAG HARBOR	State NY	Zip 11963	City SAG HARBOR	State NY	Zip 11063
Secretary Name MICHAEL K. LYONS			Treasurer Name MICHAEL LYONS		
Street Address P.O. BOX 592			Street Address P.O. BOX 592		
City SAG HARBOR	State NY	Zip 11963	City SAG HARBOR	State NY	Zip 11963
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL K. LYONS			Director Name		
Street Address P.O. BOX			Street Address		
City SAG HARBOR	State NY	Zip 11963	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY 199963

FILED

JUN 21 2013

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.

Michael K. Lyons
 Signature of Authorized Representative

6/20/2013
 Date

MICHAEL K. LYONS

Print or Type Name of Authorized Representative

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