



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

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

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**FILED**

JUN 21 2013

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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

**MICHAEL K. LYONS**

Print or Type Name of Authorized Representative

6/20/2013  
Date