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 2014

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
70411	OCEAN HOUSE PROPERTIES, 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			5538

7. Brief Description of the Character of Business Conducted in Rhode Island
REAL PROPERTY OWNERSHIP AND MANAGEMENT.

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

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

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

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

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

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000 COMM NO PAR VALUE			1525	CLASS A COMMON	NPV
			6475	CLASS B COMMON	NPV

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

[redacted] 7 0 4 1 1

FILED

MAR 2 6 2014

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[redacted]

File Date

Check No.

By:

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 of Officer *Date* 3-18-14

ROBERT J. LYONS
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01