



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 2016

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. 798400		2. Exact name of the Corporation Oyster Marine Limited			
3. Principal office address Saxon Wharf, Lower York Street			City Northam, Southampton	State UK	Zip SO14 5QF
4. Business Phone No. 401-841-8480		5. State of Incorporation United Kingdom			
6. Brief description of the character of business conducted in Rhode Island Sale of boats of all kinds and descriptions					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Simon Haynes			Vice-President Name		
Street Address Saxon Wharf, Lower York Street			Street Address		
City Northam, Southampton	State UK	Zip SO14 5QF	City	State	Zip
Secretary Name Simon Haynes			Treasurer Name		
Street Address Saxon Wharf, Lower York Street			Street Address		
City Northam, Southampton	State UK	Zip SO14 5QF	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Harvey Richard Austin Jones			Director Name Simon Haynes		
Street Address Saxon Wharf, Lower York Street			Street Address Saxon Wharf, Lower York Street		
City Northam, Southampton	State UK	Zip SO14 5QF	City Northam, Southampton	State UK	Zip SO14 5QF
Director Name David Rolfe Tydeman			Director Name		
Street Address Saxon Wharf, Lower York Street			Street Address		
City Northam, Southampton	State UK	Zip SO14 5QF	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
			0	Common	\$.01 Par

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

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.

S. Haynes 9th FEB 2016
 Signature of Authorized Representative Date

Simon Haynes
 Print or Type Name of Authorized Representative

Form No. 639
 Revised 04/2012

FILED

MAR 10 2016

BY 119109 DS