RI SOS Filing Number: 201737401670 Date: 3/3/2017 4:00:00 PM

OYSTER6941

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

Filing period: January 1 - March 1

Filing Fee: \$50.00

| 1. Entity ID Number  | 2. Exact name of     | f the   | Corporation   |                           |   | -                   |                      |  |
|--|----------------------|---------|---|---------------------------|---|---------------------|----------------------|--|
| 000020759  |                      |         |   | INC                       |   |                     |                      |  |
| 000020759 OYSTER HOUSE MARINA,  3. Principal Office Address          |                      |         |   | City                      |   | State               | Zip                  |  |
| 474 DOVER AVENUE   |                      |         |   | 1 *                       | PROVIDENCE                              | RI                  | 02914                |  |
| 4. Business Phone Number   |                      |         |   | 5. State of Incorporation |   |                     |                      |  |
| 401-464-2280   |                      |         |   | RI                        |   |                     |                      |  |
| 6. Brief description of the charact                                  | ter of business cond | ducte   | ed in Rhode Island  |                           |   |                     |                      |  |
| MARINA   |                      |         |   |                           |   |                     |                      |  |
| 7. List ALL officers (names and addresses)                           |                      |         |   |                           | Check the box to indicate an attachment |                     |                      |  |
| President Name   |                      |         |   | Vice-President Name       |   |                     |                      |  |
| DOROTHY FARIA  |                      |         |   |                           |   |                     |                      |  |
| Street Address   |                      |         |   | Street Address            |   |                     |                      |  |
| 474 DOVER AVENUE   |                      |         |   |                           |   |                     |                      |  |
| City   | State                | Zip     |   | City                      |   | State               | Zip                  |  |
| E PROVIDENCE   | RI                   | 0       | 2914  |                           |   |                     |                      |  |
| Secretary Name   |                      |         |   | Treasurer Name            |   |                     |                      |  |
| Street Address   |                      |         |   | Street Address            |   |                     |                      |  |
| City   | State                | ate Zip |   | City                      |   | State               | Zip                  |  |
| List ALL directors (names and addresses)                             |                      |         |   |                           | C                                       | heck the box to in- | dicate an attachment |  |
| Director Name  |                      |         |   | Director Name             |   |                     |                      |  |
| Street Address   |                      |         |   | Street Address            |   |                     |                      |  |
| City   | State Zip            |         |   | City                      |   | State               | Zip                  |  |
| 9. Shares Authorized   |                      |         | 10. Shares Issued Check the box to indicate an attachment |                           |   |                     | nent .               |  |
| This information is currently of record in the NUMBER OF S           |                      |         |   |                           |   |                     |                      |  |
|  |                      |         |   |                           | COMMON                                  |                     |                      |  |
| Changes require an additional filing.                                |                      |         |   | 001311011                 |   |                     |                      |  |
| 11. This report must be executed or trustee, this report must be exe |                      |         |   |                           |   | in the hands of a   | receiver             |  |
| Under penalty of perjury, I d<br>statements, and that all state      | eclare and affirm    | n th    | at I have examined<br>erein are true and                  | this repo<br>correct.     | rt, including any ac                    | companying so       | chedules and         |  |
| Name of Authorized Representative                                    |                      |         |   |                           |   | Date                | 3/01/17              |  |
| Signature of Authorized Representation DOROTHY FARIA                 | tative               |         |   |                           |   | ····                | ş -                  |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Phone: (401) 222-3040 Website: www.sos.ri.gov

