

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

Annual Report for the year: 2018
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000020759		2. Exact name of the Corporation OYSTER HOUSE MARINA, INC			
3. Principal Office Address 474 DOVER AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 713900		6. Brief description of the character of business conducted in Rhode Island MARINA			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>
President Name DOROTHY FARIA			Vice-President Name		
Street Address 474 DOVER AVENUE			Street Address		
City E PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		COMMON	
11. 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. 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.					
Name of Authorized Representative <i>Dorothy Faria</i>				Date <i>4/16/2018</i>	
Signature of Authorized Representative DOROTHY FARIA					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED *02*
 APR 16 2018
 BY *5001*