



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 70411		2. Name of Corporation OCEAN HOUSE PROPERTIES, INC.			
3. Street Address Principal Business Office 60 TOWN DOCK ROAD PO BOX 1399			City CHARLESTOWN	State RI	Zip 02813
4. Business Phone No. 401-364-6040		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL PROPERTY OWNERSHIP AND MANAGEMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT J. LYONS			Vice President Name ROBERT J. LYONS		
Street Address 60 TOWN DOCK ROAD PO BOX 1399			Street Address 60 TOWN DOCK ROAD PO BOX 1399		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Secretary Name PAMELA A. LYONS			Treasurer Name ROBERT J. LYONS		
Street Address 60 TOWN DOCK ROAD PO BOX 1399			Street Address 60 TOWN DOCK ROAD PO BOX 1399		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT J. LYONS			Director Name PAMELA A. LYONS		
Street Address 60 TOWN DOCK ROAD PO BOX 1399			Street Address 60 TOWN DOCK ROAD PO BOX 1399		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) []					
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



7 0 4 1 1

File Date 1-25-05
Check No. 407
By: [Signature]
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] Date 1-5-05
Signature of Officer
ROBERT J. LYONS
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *70411*		2. Name of Corporation Ocean House Properties, Inc.			
3. Street Address Principal Business Office 60 TOWN DOCK ROAD PO BOX 1399			City CHARLESTOWN	State RI	Zip 02813
4. Business Phone No. 4013646040		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN REAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT J. LYONS			Vice President Name ROBERT J. LYONS		
Street Address 60 TOWN DOCK ROAD PO BOX 1399			Street Address 60 TOWN DOCK ROAD PO BOX 1399		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Secretary Name PAMELA A. LYONS			Treasurer Name ROBERT J. LYONS		
Street Address 60 TOWN DOCK ROAD PO BOX 1399			Street Address 60 TOWN DOCK ROAD PO BOX 1399		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT J. LYONS			Director Name PAMELA A. LYONS		
Street Address 60 TOWN DOCK ROAD PO BOX 1399			Street Address 60 TOWN DOCK ROAD PO BOX 1399		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 A COMMON	

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



* 7 0 4 1 1 *

70411 DBC8/16/021:31:47 PM

File Date 3.8.04

Check No. 997

By: 1UP

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
Robert J. Lyons
Print or Type Name of Officer
President
Title of Officer

2-19-04
Date



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *70411* 2. Name of Corporation Ocean House Properties, Inc.

3. Street Address Principal Business Office: 60 TOWN DOCK ROAD PO BOX 1399 City: CHARLESTOWN State: RI Zip: 02813

4. Business Phone No. 4013646040 5. State of Incorporation RHODE ISLAND 6. SIC Code 5538

7. Brief Description of the Character of Business Conducted in Rhode Island: DEAL IN REAL PROPERTY.

8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS

President Name: ROBERT J. LYONS Vice President Name: ROBERT J. LYONS

Street Address: 60 TOWN DOCK ROAD PO BOX 1399 City: CHARLESTOWN State: RI Zip: 02813

Secretary Name: PAMELA A. LYONS Treasurer Name: ROBERT J. LYONS

Street Address: 60 TOWN DOCK ROAD PO BOX 1399 City: CHARLESTOWN State: RI Zip: 02813

9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS

Director Name: ROBERT J. LYONS Director Name: PAMELA A. LYONS

Street Address: 60 TOWN DOCK ROAD PO BOX 1399 City: CHARLESTOWN State: RI Zip: 02813

Street Address: City: State: Zip:

10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT () 11. SHARES ISSUED (X) BOX FOR ATTACHMENT ()

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
8,000 COMM NO PAR VALUE	1525 CLASS A COMMON NPV
	6475 CLASS A COMMON

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



70411 DBC8/16/021:31:47 PM

File Date: 2/24/03

Check No. 10726

By: [Signature]

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] Date: 1-21-03

Signature of Officer Date

ROBERT J LYONS

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70411**
2. Name of Corporation **Ocean House Properties, Inc.**
3. Street Address Principal Business Office
60 Town Dock Road P.O. Box 1399
4. Business Phone No. **401-364-6040**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Charlestown** State **RI** Zip **02813**
6. SIC Code **5538**

Property ownership and management.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Robert J. Lyons
Street Address
60 Town Dock Road
City **Charlestown** State **RI** Zip **02813**

Vice President Name

Street Address

City
State
Zip

Secretary Name
Pamela Lyons
Street Address
60 Town Dock Road
City **Charlestown** State **RI** Zip **02813**

Treasurer Name
Robert J. Lyons
Street Address
60 Town Dock Road
City **Charlestown** State **RI** Zip **02813**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Robert J. Lyons
Street Address
60 Town Dock Road
City **Charlestown** State **RI** Zip **02813**

Director Name
Pamela Lyons
Street Address
60 Town Dock Road
City **Charlestown** State **RI** Zip **02813**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
1,525	"A" common	NPV
6,475	"B" common	NPV

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



* 7 0 4 1 1 *

File Date: 4-22-02

Check No.: 894

By: [Signature]

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: [Signature] Date: 3-15-02

Print or Type Name of Officer: ROBERT J LYONS

Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 70411
2. Name of Corporation Ocean House Properties, Inc.
3. Street Address Principal Business Office 60 Town Dock Road
City Charlestown State RI Zip 02813
4. Business Phone No. 364-6040
5. State of Incorporation Rhode Island
6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Robert J. Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813	Vice President Name N/A Street Address 60 Town Dock Road City Charlestown State RI Zip 02813
Secretary Name Pamela Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813	Treasurer Name Robert J. Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Robert J. Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813	Director Name Pamela Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813
Director Name Cathy Robertson Street Address 60 Town Dock Road City Charlestown State RI Zip 02813	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,525	common	NPV	1525	Class A com	NPV
6475	Class B common	NPV	6475	Class B com	NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 9-14-01
Check No.: 797
By: [Signature]

Signature of Officer: [Signature] Date: 9/13/01
President
Print or Type Name of Officer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70411** 2. Name of Corporation **Ocean House Properties, Inc.**
3. Street Address Principal Business Office **60 Town Dock Road** City **Charlestown** State **RI** Zip **02813**
4. Business Phone No. **364-6040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
Property ownership and management.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Robert J. Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813	Vice President Name Street Address City State Zip
Secretary Name Pamela Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813	Treasurer Name Robert J. Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Robert J. Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813	Director Name Pamela Lyons Street Address 60 Town Dock Road City Charlestown State RI Zip 02813
Director Name Cathy Robertson Street Address 60 Town Dock Road City Charlestown State RI Zip 02813	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	8,000	COMM NO PAR	VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1525	Class "A" common	none
	6475	Class "A" common	none

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



* 7 0 4 1 1 *

File Date: 6/29
Check No.: 361
By: [Signature]

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] 6-19-00
Signature of Officer Date

Robert J. Lyons
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70411** 2. Name of Corporation **Ocean House Properties, Inc.**

3. Street Address Principal Business Office City State Zip
60 Town Dock Road **Charlestown** **RI** **02813**

4. Business Phone No. **364-6040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
Property ownership and management.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Robert J. Lyons	Vice President Name None
Street Address 60 Town Dock Road	Street Address
City State Zip Charlestown RI 02813	City State Zip
Secretary Name Pamela Lyons	Treasurer Name Robert J. Lyons
Street Address 60 Town Dock Road	Street Address 60 Town Dock Road
City State Zip Charlestown RI 02813	City State Zip Charlestown RI 02813

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Robert J. Lyons	Director Name Pamela Lyons
Street Address 60 Town Dock Road	Street Address 60 Town Dock Road
City State Zip Charlestown RI 02813	City State Zip Charlestown RI 02813
Director Name Cathy Robertson	Director Name
Street Address 60 Town Dock Road	Street Address
City State Zip Charlestown RI 02813	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
SEE ACTIVITY		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
1525	Class "A" Common	none
6475	Class "B" Common	none

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



* 7 0 4 1 1 *

File Date: Feb 9, 99

Check No.: 319

By: [Signature]

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] 1/29/99
Signature of Officer Date

Robert J. Lyons
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70411** 2. Name of Corporation **Ocean House Properties, Inc.**
3. Street Address Principal Business Office City State Zip
60 Town Dock Road **Charlestown** **RI** **02813**
4. Business Phone No. **364-6040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
Property ownership and management.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Robert J. Lyons	Vice President Name None
Street Address 60 Town Dock Road	Street Address
City State Zip Charlestown RI 02813	City State Zip
Secretary Name Pamela Lyons	Treasurer Name Robert J. Lyons
Street Address 60 Town Dock Road	Street Address 60 Town Dock Road
City State Zip Charlestown RI 02813	City State Zip Charlestown RI 02813

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Robert J. Lyons	Director Name Pamela Lyons
Street Address 60 Town Dock Road	Street Address 60 Town Dock Road
City State Zip Charlestown RI 02813	City State Zip Charlestown RI 02813
Director Name Cathy Robertson	Director Name
Street Address 60 Town Dock Road	Street Address
City State Zip Charlestown RI 02813	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000	Class "A" common	None
	4,000	Class "B" common	None

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	4,000	Class "A" common	none
	4,000	Class "B" common	none

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



File Date: 3.30.98
Check No.: 294
By: 1UP

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: [Signature] Date: 3-16-98
Print or Type Name of Officer: Robert J. Lyons
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70411** 2. Name of Corporation **Ocean House Properties, Inc.**

3. Street Address Principal Business Office **60 Town Dock Road** City **Charlestown** State **RI** Zip **02813**
4. Business Phone No. **401-364-6040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island

Property ownership and management

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **Robert J. Lyons** Vice President Name **None**
Street Address **60 Town Dock Road** Street Address
City **Charlestown** State **RI** Zip **02813** City State Zip

Secretary Name **Pamela Lyons** Treasurer Name **Robert J. Lyons**
Street Address **60 Town Dock Road** Street Address **60 Town Dock Road**
City **Charlestown** State **RI** Zip **02813** City **Charlestown** State **RI** Zip **02813**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **Robert J. Lyons** Director Name **Pamela Lyons**
Street Address **60 Town Dock Road** Street Address **60 Town Dock Road**
City **Charlestown** State **RI** Zip **02813** City **Charlestown** State **RI** Zip **02813**

Director Name **Cathy Robertson** Director Name
Street Address **60 Town Dock Road** Street Address
City **Charlestown** State **RI** Zip **02813** City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
SEE ACTIVITY					
8000 shares	NON-PAR VALUE		1525	Class "A" common	None
1525	Class "A"	None	6475	Class "B" common	None
6475	Class "B"	None			

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



File Date: 3-21-97
Check No.: 2027
By: [Signature]

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: [Signature] Date: 3/1/97
Print or Type Name of Officer: Robert J. Lyons
Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 70411		2. NAME OF CORPORATION Ocean House Properties, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 60 Town Dock Road		CITY Charlestown	STATE RI	ZIP CODE 02813
4. BUSINESS PHONE NO. 401-364-6040		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 5538
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Property ownership and management				

8. NAMES AND ADDRESSES OF THE OFFICERS				
PRESIDENT NAME Robert J. Lyons			VICE PRESIDENT NAME None	
STREET ADDRESS 60 Town Dock Road			STREET ADDRESS	
CITY Charlestown	STATE RI	ZIP CODE 02813	CITY	STATE RI
SECRETARY NAME Pamela Lyons			TREASURER NAME Robert J. Lyons	
STREET ADDRESS 60 Town Dock Road			STREET ADDRESS 60 Town Dock Road	
CITY Charlestown	STATE RI	ZIP CODE 02813	CITY Charlestown	STATE RI

9. NAMES AND ADDRESSES OF THE DIRECTORS				
DIRECTOR NAME Robert J. Lyons			DIRECTOR NAME Pamela Lyons	
STREET ADDRESS 60 Town Dock Road			STREET ADDRESS 60 Town Dock Road	
CITY Charlestown	STATE RI	ZIP CODE 02813	CITY Charlestown	STATE RI
DIRECTOR NAME Cathy Robertson			DIRECTOR NAME	
STREET ADDRESS 60 Town Dock Road			STREET ADDRESS	
CITY Charlestown	STATE RI	ZIP CODE 02813	CITY	STATE RI

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	NO PAR VALUE		4000	Class "A" common	None
4000	Class "A" common	None	4000	Class "B" common	None
4000	Class "B" common	None			

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

3/5/96

Check No:

276
ECR

By:

Signature of Officer

Robert Lyons

Print or Type Name of Officer

President

Title of Officer

3/1/96

Date

For Secretary of State Use Only



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0070411 Annual Report for the year: 1995

Name of Corporation: Ocean House Properties, Inc.

Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
60 Town Dock Road
Charlestown, RI 02813
 Phone: (401) 364-6040

Brief statement of the character of business conducted in Rhode Island:
Property ownership and management.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Donald E. Lyons	60 Town Dock Road,	Charlestown, RI	02813
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Catherine Lyons	60 Town Dock Road,	Charlestown, RI	02813
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Catherine Lyons	60 Town Dock Road,	Charlestown, RI	02813
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Donald E. Lyons	60 Town Dock Road,	Charlestown, RI	02813

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Donald E. Lyons	60 Town Dock Road,	Charlestown, RI	02813
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Catherine Lyons	60 Town Dock Road,	Charlestown, RI	02813
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert J. Lyons	60 Town Dock Road,	Charlestown, RI	02813

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
8000	common/ n/a	8000	common/ n/a

Date: March 1, 19 95

By:
Robert J. Lyons
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING

Form 31 1-95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DENNIS R. GANNON
 33 COLLEGE HILL ROAD, BLDG. 30E
 WARWICK RI 02886

PAID ^{ab 185}

 MAR 03 1995

SECRETARY OF STATE

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0070411 Annual Report for the year: 1994

Name of Business Entity: Ocean House Properties, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number N/A

For foreign entity, address and telephone number of principal office:

Phone (____) _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

12 Town Dock Road

Charlestown, RI 02813

Phone (401) 364-6040

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Donald E. Lyons

P.O. Box 1399

12 Town Dock Road

Charlestown, RI 02813

Brief statement of the character of business conducted in Rhode Island
Property ownership and management

Date of Organization: November 9, 1992

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) Donald E. Lyons	12 Town Dock Road, Charlestown, RI	02813	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) Catherine Lyons	12 Town Dock Road, Charlestown, RI	02813	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) Catherine Lyons	12 Town Dock Road, Charlestown, RI	02813	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) Donald E. Lyons	12 Town Dock Road, Charlestown, RI	02813	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Donald E. Lyons	12 Town Dock Road, Charlestown, RI	02813	
Catherine Lyons	12 Town Dock Road, Charlestown, RI	02813	
Robert J. Lyons	12 Town Dock Road, Charlestown, RI	02813	

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 8000 NUMBER 8000

CLASS Common CLASS Common

SERIES N/A SERIES N/A

PAR VALUE OR no par value PAR VALUE OR no par value

WITHOUT PAR WITHOUT PAR

Date March 1 19 94 By [Signature]

FILED

MAR 10 1994

PRINT OR TYPE NAME OF OFFICER SIGNING Robert J. Lyons

TITLE OF OFFICER SIGNING Asst. Secretary

By [Signature] 118556

60219B

STATE OF RHODE ISLAND and PROVIDENCE PLANTATIONS
100 North Main Street
Providence, RI 02903

Corporate ID: 70411 Annual Report for the year: 1992

First: The name of the corporation is Ocean House Properties, Inc.

Second: It is incorporated under the laws of Rhode Island.

Third: Character of the business, briefly stated is property management.

Fourth: Not a foreign corporation.

Fifth: Business address in Rhode Island is 12 Town Dock Road, Charlestown, RI, 02813.

Sixth: Names and addresses of its directors and officers:

Donald E. Lyons	Director	12 Town Dock Rd. Charlestown, RI 02813
Robert J. Lyons	Director	"
Catherine Lyons	Director	"
Donald E. Lyons	President	"
Catherine Lyons	Vice-President	"
Catherine Lyons	Secretary	"
Donald E. Lyons	Treasurer	"

Seventh: Number of shares authorized:
8000 common npv

Eighth: Number of shares issued:
8000 common npv

APR 29 1993
SECY OF STATE

Dated: March 3, 1993 Ocean House Properties, Inc.

By: Catherine Lyons
Catherine Lyons, Secretary