



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JUN 05 2025

BY

475

1. Entity ID Number 18807		2. Exact name of the Corporation Ocean House Marina, Inc.			
3. Principal Office Address 60 Town Dock Road			City Charlestown	State RI	Zip 02813
4. NAICS Code 441222		6. Brief description of the character of business conducted in Rhode Island Operation of a Marina, Boat Sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jonathan W. Lyons			Vice-President Name Anna C.E. Lyons		
Street Address 180 Walden Way			Street Address 180 Walden Way		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name			Treasurer Name Elizabeth L. Shaw		
Street Address			Street Address 25 Wesskum Wood Road		
City	State	Zip	City Riverside	State CT	Zip 06878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Lyons			Director Name Pamela A. Lyons		
Street Address 50 Town Dock Road			Street Address 50 Town Dock Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name Jonathan W. Lyons			Director Name		
Street Address 180 Walden Way			Street Address		
City South Kingstown	State RI	Zip 02879	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES STK	PAR VALUE \$0.00
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 Jonathan W. Lyons				Date 4/21/2025	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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