State of Rhode Island
Department of State - Business Services Division

FILED
JUN 05 2025
BY 475

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.

1. Entity ID Number	2 Exact name of the Corporation
18807	Ocean House Marina, Inc.

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

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
441222	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 ☐

President Name	Vice-President Name
Jonathan W. Lyons	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 ☐

Director Name	Director Name
Robert J. Lyons	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	STK	$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
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023