



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 557705		2. Name of Corporation OCEAN FRONT HOMES, INC.			
3. Street Address Principal Business Office 8 SALEM STREET			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-212-6262		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE BROKER					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NANCY SICILIANO			Vice President Name NANCY SICILIANO		
Street Address 8 SALEM STREET			Street Address 8 SALEM STREET		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name NANCY SICILIANO			Treasurer Name NANCY SICILIANO		
Street Address 8 SALEM STREET			Street Address 8 SALEM STREET		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NANCY SICILIANO			Director Name		
Street Address 8 SALEM STREET			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 2000	Class/Series COMMON	Par Value NO PAR

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.

Signature: Nancy Siciliano Date: 2/22/11  
 NANCY SICILIANO  
 Print or Type Name  
 PRESIDENT  
 Title

<b>FILED</b>	
File Date	FEB 27 2012
Check No.	1019
By: <u>BY</u>	
FOR SECRETARY OF STATE USE ONLY	