

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

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1. ID No.	2. Exact name of the li	t name of the limited liability company					
123924	Zohar, LLC						
3. State of Formation 4. Brief description of the character of the busine			business which is actually conducted in Rh	oode Island			
RHODE ISLAND BOAT CHARTERS			•				
5. Principal office address			City	State	Zip		
11 MEMORIAL BOULEVARD			NEWPORT	RI	02840		
6. MAILING ADDRE	SS OF LIMITED LLA	ABILITY COMPANY AN	ND NAME OR TITLE OF CONTAC	T PERSON:	1020-10		
Contact Name			Contact Title				
JAMES F. HYMAN			ESQ.	ESQ.			
Street Address			City	State	Zip		
11 MEMORIAL BOULEVARD			NEWPORT	RI	02840		
7. NAME AND ADDI	RESS OF EACH MA	NAGER OF THE LIMIT	ED LIABILITY COMPANY, IF AP	PLICABLE . DA N	IOT LIST MEMBERS		
	FILL I	N SPACES BEFORE US	SING ATTACHMENTS ("X" BOX	FOR ATTACHMENT)	OI LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
N/A							
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	İ			CAUTE	$\sum_{i} p_{i}$		
Manager Name	***************************************	·····	Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Ζip	City	State	Zip		
	l						
8. RESIDENT AGENT	' IN RHODE ISLAN	D - DO NOT ALTER -	Changes require filing of Form	ı 642 - R.I.G.L. 7-1	6-11	'	
rsgerii Nume			Address		,	I	
JAMES F. HYMAN	i, ESQ.						
Address			City		Zip		
11 MEMORIAL BOULEVARD			NEWPORT	02840			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED
Check No.	SEP 1 7 2007
Ву:	By 7201
FOR SE	CRETARY 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 Authorized Person

DAVID B. MURPHY, MEMBER

Print or Type Name of Authorized Person