



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

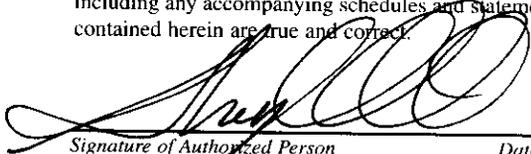
**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. <b>104831</b>		2. Exact name of the limited liability company <b>The Talaria Company, LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>DESIGN, BUILD, SELL AND SERVICE POWERBOATS AND SAILBOATS</b>			
5. Principal office address <b>One Little Harbor Landing</b>		City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Sheryl Altman</b>			Contact Title <b>Corporate Counsel</b>		
Street Address <b>One Little Harbor Landing</b>		City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>William Bain</b>			Manager Name <b>Ralph Willard</b>		
Street Address <b>One Little Harbor Landing</b>		Street Address <b>One Little Harbor Landing</b>			
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
Manager Name <b>James Mc Manus</b>			Manager Name		
Street Address <b>One Little Harbor Landing</b>		Street Address			
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>NATIONAL REGISTERED AGENTS, INC.</b>			Address		
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>		City <b>WARWICK</b>	Zip <b>02888-</b>		

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

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  
Date **9/11/07**  
**Sheryl Altman**  
Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	<b>SEP 18 2007</b>
By:	<b>105063</b>
FOR SECRETARY OF STATE USE ONLY	