



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

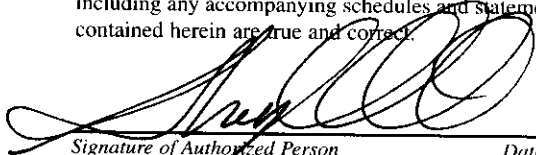
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 104831		2. Exact name of the limited liability company The Talaria Company, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island DESIGN, BUILD, SELL AND SERVICE POWERBOATS AND SAILBOATS			
5. Principal office address One Little Harbor Landing		City Portsmouth	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sheryl Altman			Contact Title Corporate Counsel		
Street Address One Little Harbor Landing		City Portsmouth	State RI	Zip 02871	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name William Bain			Manager Name Ralph Willard		
Street Address One Little Harbor Landing		Street Address One Little Harbor Landing			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Manager Name James Mc Manus			Manager Name		
Street Address One Little Harbor Landing		Street Address			
City Portsmouth	State RI	Zip 02871	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 NATIONAL REGISTERED AGENTS, INC.			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-		

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	FILED
Check No.	SEP 18 2007
By:	105063
FOR SECRETARY OF STATE USE ONLY	