

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. Rwer 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. 2. E	act name of the limited liab	lih combany					
l l		NET HOLDINGS, LLC					
3. State of Formation			ich is actually conducted in Rho	ada telam d	<u> </u>		
RHODE ISLAND	IRISH PUB/REST		в в асанну Сонаилеа не кроие вина				
5. Principal office address	INION FORMEST	TOTOTAL	City	State	7/4		
1-3 BROADWAY			NEWPORT	RI	<i>Ζί</i> ρ 02840		
6. MAILING ADDRESS OF	F LIMITED LIABILITY	COMPANY AND NAME	•		102040		
Contact Name			Contact Title				
FINBARR MURRAY							
Street Address			City	State	Zip		
1-3 BROADWAY			NEWPORT	RI	02840		
7. NAME AND ADDRESS	OF EACH MANAGER	OF THE LIMITED LIABI	ILITY COMPANY, IF APF	PLICABLE - DO N	OT LIST MEMBERS		
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)							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	Сйу	State	Zip		

Manager Name			Manager Name				
Street Address				<u> </u>			
siree rauress			Street Address				
City	State	Zip	City	State	Ztp		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		State	$Z\psi$		
8. RESIDENT AGENT IN	RHODE ISLAND - DO	NOT ALTER - Changes	require filing of Form	642 - R.I.G.L. 7-1	6-11		
Agest Name			Address				
TURNER C. SCOTT, ESQ.			122 TOURO STREET				
Address			Сйу		Zip		
MILLER SCOTT & HOLBROOK			NEWPORT		02840		

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

152056

	FILED
File Date	NOV 01 2007
Check No. By:	By 25898
]	FOR SECRETARY 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

FINBARR MURRAY

Print or Type Name of Authorized Person