

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. 141308	2. Exact name of the limited liability company TIRNAHNOG, LLC							
3. State of Formation 4. Brief description of the character of the business whi RHODE ISLAND BOATING			ch is actually conducted in Rhode Island					
5. Principal office address 11 MEMORIAL BOULEVARD				City NEWPORT	State RI	Zip 02840		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name  JAMES F. HYMAN				OR TITLE OF CONTACT PERSON:  Contact Title  ESQ.				
Street Address 11 MEMORIAL BOULEVARD				City NEWPORT	State RI	<sup>Zip</sup> 02840		
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 N/A				Manager Name				
Street Address				Street Address				
City		State	Ζip	City	State	Zip		
Manager Name				Manager Name				
Street Address				Street Address				
City	_ 1.1. 1111	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name  JAMES F. HYMAN, ESQ.				require filing of Form 642 - R.I.G.L. 7-16-11  Address				
Address 11 MEMORIAL BOULEVARD				City NEWPORT		2tp 02840		

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

File Date	D
Check No. NOV 0.2	2007
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FOR SECRETARY OF	F 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

CHARLTON GEORGE, MEMBER

Print or Type Name of Authorized Person