

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.

(Times.B. / 10 00 (Date)/ 1.	s subject to a penalty fee of \$25.0	5.					
1. ID No.	2. Exact name of the limited liability company						
110579	OAKLAND BEACH YACHTING CENTER, LLC						
3. State of Formation	1 ' ' '	ch is actually conducted in Rhode Island	t				
RHODE ISLAND	MARINA						
5. Principal office address 36	BAY AVENUI	A THE PROPERTY OF THE PARTY OF	WARWICK	State R J	Zip	02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  Contact Title							
DONALD I	KRIKORIAN/LAG	Vice President / President					
Street Address 169 BEECHWOD DRIVE			Change on	State RJ		02921	
7. NAME AND ADDE	ESS OF EACH MANAGER (	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE - DO N	OT LIST ME	MBERS	
	FILL IN SPACE	s before using atta	CREMENTS ("X" BOX FOR ATT	ACHMENT)			
Manager Name			Manager Name				
Street Address	1		Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT	IN RHODE ISLAND - DO	require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name		Address					
DONALD J. KRIKORIA	N						
Address			City 2		Zip	Zip	
169 BEECHWOOD DRIVE			CRANSTON		02921-		
						-	

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

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File Date	
Check No.	NOV 27 2007
Ву:	1606 mac
POR SEC	RETARY 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

Date

Down Date

Print or Type Name of Authorized Person