



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>146864</b>		2. Exact name of the limited liability company <b>Triad Boat Partners LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ACQUIRE, OWN, MAINTAIN, SELL, MANAGE AND LEASE SAILBOAT FLAGSHIP</b>			
5. Principal office address <b>46 Sefton Drive</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Gail A. Ginnetty</b>			Contact Title <b>Manager</b>		
Street Address <b>46 Sefton Drive</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</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>Gail A. Ginnetty</b>			Manager Name <b>David G. Godden</b>		
Street Address <b>46 Sefton Drive</b>			Street Address <b>105 Lewiston Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
Manager Name <b>Christopher J. Thomas</b>			Manager Name		
Street Address <b>21 Land's End</b>			Street Address		
City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</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>JOHN R. GOWELL, JR. ESQ.</b>			Address <b>BURNS &amp; LEVINSON LLP</b>		
Address <b>ONE CITIZENS PLAZA, SUITE 1100</b>			City <b>PROVIDENCE</b>	Zip <b>02903-</b>	

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

File Date **FILED**  
Check No. **JAN 28 2008**  
By **A 151 P 153**  
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]* 12/27/07  
Signature of Authorized Person Date  
**Gail A. Ginnetty**  
Print or Type Name of Authorized Person member