



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 2008

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. 160250	2. Exact name of the limited liability company Tourelou Holdings, LLC		
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to own and operate a motor vessel	
5. Principal office address 55 Memorial Blvd.		City Newport	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name William G. Chizmar, Esq.		Contact Title Counsel	Zip 02840
Street Address 216-700 Richmond St.		City London, Ont.	State Canada
Zip N6A 5C7			
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		Manager Name	
Street Address		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 NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Thomas B. Orr, Esq.		Address	
Address 55 Memorial Blvd.		City Newport	Zip 02840

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

160250

File Date	<u>10-27-08</u>
Check No.	<u>10685</u>
By:	<u>MRC</u>
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.

William G. Chizmar, Esq. Oct 02, 2008
Signature of Authorized Person Date
William G. Chizmar, Esq., Counsel
Print or Type Name of Authorized Person