| RALPH MOLL | State of Rhode Island and Pro Office of the Secreta | | ions Fee: \$50.00 |
|---|--|---|---------------------|
| A NOTE IN | Corporations Di | vision | |
| 148 W. River Street | | | |
| Providence, Rhode Island 02904-2615 | | | |
| Telephone: (401) 222-3040 | | | |
| Limited Liability Company | | | |
| Annual Report | | | |
| Filing Period: September | 1 - November 1 | | |
| 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. | | | |
| ANNUAL REPORT YEA | R: <u>2008</u> | | |
| 1. ID No. <u>000142012</u> | | | |
| 2. Exact Name of the Limited Liability Company Topaz Norseman LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| | | | |
| | | | |
| NAVIGATE, VIEW AND APPRECIATE COASTAL WATERS. | | | |
| 5. Principal Office Address | | | |
| Not and Observe $\mathbf{D} \cap \mathbf{D} \cap \mathbf{V}$ (2172) | | | |
| | P.O. BOX 43172 CINCINNATI State: OH | Zip: 45243 | Country: USA |
| | <u>State</u> . <u>OII</u> | Zip. <u>45245</u> | Country. <u>USA</u> |
| 6. Mailing Address of I | imited Liability Company and Name | e or Title of Contact | Person: |
| Contact Name: CYNTHIA PERRY COLEBROOK Contact Title: ORGANIZER | | | |
| | PO BOX 43172 | | |
| City or Town: | <u>CINCINNATI</u> State: <u>OH</u> | Zip: <u>45243</u> | Country: <u>USA</u> |
| 7 Nous ou d'Addusse | | 1111 ··· O · ··· ··· ··· ··· ··· ··· ··· | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | | | l drae e |
| Title | Individual Name First, Middle, Last, Suffix | | ddress |
| MANAGER | CYNTHIA PERRY COLEBROOK | Address, City or Town, State, Zip Code, Country | |
| | | P.O. BOX 43172 CINCINNATI, OH 45243 USA | |
| 1 | | | |
| | | | |
| | RHODE ISLAND - DO NOT ALTER ng of Form 642 - R.I.G.L. 7-16-11 | | |
| Shanges Keyune Fill | ng of 1 offit 042 - N.I.O.L. 7-10-11 | | |
| CT CORPORATION S | <u>YSTEM 10 WEYBOSSET STREET PR</u> | <u>OVIDENCE</u> , <u>RI 02903</u> | <u>3-</u> |
| CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903- | | | |

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

Signed this 8 Day of December, 2008 at 2:18:26 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>CYNTHIA PERRY COLEBROOK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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