



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 160250		2. Exact name of the limited liability company Tourelou Holdings, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island to own and operate a motor vessel			
5. Principal office address 55 Memorial Blvd.			City Newport	State RI	Zip 02840
6. CONTACTING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name William G. Chizmar, Esq.			Contact Title Counsel		
Street Address 216-700 Richmond St.			City London, Ont.	State CANADA	Zip N6A 5C7
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (“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					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date
 Check No.
 BY
 FOR SECRETARY OF STATE USE ONLY

FILED
 SEP 20 2012
 11970

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 Sept 12, 2012
 Signature of Authorized Person Date
 William G. Chizmar, Esq., Counsel
 Print or Type Name of Authorized Person