




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 141308		2. Exact name of the Limited Liability Company TIRNAHNOG, LLC											
3. NAICS Code 71		4. Brief description of the character of business conducted in Rhode Island BOATING											
5. State of Formation RHODE ISLAND													
6. Principal Office Address 8 FREEBODY STREET				City NEWPORT		State RI		Zip 02840					
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person													
Contact Name JAMES F. HYMAN					Contact Title REGISTERED AGENT								
Street Address 8 FREEBODY STREET					City NEWPORT		State RI		Zip 02840				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS													
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	
Check the box to indicate an attachment <input type="checkbox"/>													
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.													
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.													
Name of Authorized Person Charlton L. George <i>sole member</i>								Date 10/25/16					
Signature of Authorized Person 													

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
NOV 09 2016
By 10840 A.A.