(B)	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.

Entity ID Number 2. Exact name of the Limited Liability Company							
160250	Tourelou Holdings, LLC						
3. NAICS Code	4. Brief descri	ription of the character of business conducted in Rhode Island					
81 - Other Services (except Pul to own and operate a r			or vessel				
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
55 Memorial Blvd.			Newprot	Rí	02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name William G. Chizma	ır, Eşq.		Contact Title Counsel				
Street Address 7-717 Richmond	Street		City London	State Ontario	Zip N6A 1S2		
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							
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	Date						
William G. Chizmar, Esq.	Nov.	Nov. 15, 2016					
Signature of Authorized Person WENT SUBT							

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

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