



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 141308		2. Exact name of the limited liability company TIRNAHNOG, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BOATING	
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JAMES F. HYMAN Contact Title ESQ.			
Street Address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI Zip 02840
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name N/A		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
• Manager Name	• Manager Name		• Manager Name
Street Address		• Street Address	
City	State	Zip	• City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11		Agent Name JAMES F. HYMAN, ESQ.	
Address /		Address 11 MEMORIAL BOULEVARD	
		City NEWPORT	Zip 02840-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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141308 DLLC 09/08/05 11:51:20 AM
File Date <u>10/12/05</u>
Check No. <u>5929</u>
By: <u>AMF</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.

CHARTON 9/20/05
Signature of Authorized Person Date
CHARTON GEORGE, MEMBER
Print or Type Name of Authorized Person