



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
(01 222 3010)

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

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

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.

1. ID No. 91964		2. Exact name of the limited liability company JOVE, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Sale of time and attendance computer software	
5. Principal office address 855 Waterman Avenue		City East Providence	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John Volatile		Contact Title	
Street Address 855 Waterman Avenue		City East Providence	State RI
		Zip 02914	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name John Volatile		Manager Name	
Street Address 855 Waterman Avenue		Street Address	
City East Providence	State RI	Zip 02914	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Rodio & Ursillo, Ltd.		Address 86 Weybosset Street	
Address		City Providence	Zip 02903

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

91964

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.

<b>FILED</b>	
File Date	OCT 02 2007
Check No.	
By:	By 217477
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person

Date

John Volatile

Print or Type Name of Authorized Person