



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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. 138617		2. Exact name of the limited liability company J Elliot Acquisition, LLC			
3. State of formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island The Development, Design, Marketing, Manufacture and Sale of Audio Products			
5. Principal office address 200 Scenic View Drive, Suite 201		City Cumberland	State RI Zip 02864		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name John E. O'Donnell		Contact Title			
Street Address 200 Scenic View Drive, Suite 201		City Cumberland	State RI Zip 02864		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT ☐					
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. DO NOT ALTER Changes require filing of form 642. R.I.G.L. 7-16-11.					
Agent Name Michael F. Sweeney, Esq.			Address		
Address One Turks Head Place, Suite 1200			City Providence	Zip 02903	

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

138617

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.

Signature of Authorized Person

11-20-07

Date

Paul R. Antrop

Print or Type Name of Authorized Person

FILED	
File Date	NOV 27 2007
Check No.	
By	By 9921 mnc
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