

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RJ 02904-2615 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filling Period: September 1 - November 1 • Filling 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.			_			
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Development, Design, Marketing, Manufacture and Sales of Audio Equipment 5. Principal office address 200 Scenic View Drive, Suite 201 6. MAILING ADDRESS OF LIMITED LIABILITY-COMPANY AND NAME Paul R. Antrop Contact Title Chief Operating Officer City Cumberland RI 02864 Cumberland RI 02864 Chief Operating Officer City State Do Not tist Members Address City State City State City City State City City State City City State City City City City City City City City	122085	Alesis								
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Paul R. Antrop Chief Operating Officer City Cumberland Cumberland RI 02864 7. NAME AND ADDRESS OF EACH: MANAGER OF THE LIMITED HABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES HEFORE USING ATTACKMENTS CX BOX FOR ATTACHMENT. John E. O'Donnell Mirea Address City Cumberland Size City Cumberland Manager Name Manager Name Manager Name Manager Name Size City Cumberland Manager Name Manager Name Manager Name Manager Name Manager Name Size City City City City Size Zip City Size Zip City Size Zip City Size Zip Manager Name Size Zip City Size Zip Address Michael F. Sweeney, Esq.	6. MAILING ADD	eess of t	IMITED LIABIL	TY-COMPANY AND		i persón.	and the second	tig factorist on tracks are tracks	Maria Maria	
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200 Scenic View Drive, Suite 201 7. Name and address of Each Manager of the Limited Habitity Company, if applicable Do Not List Members Fill in Spaces before using attachments (X* Box For attachment). #### Address Address 200 Scenic View Drive, Suite 201 City					City	1		1 1		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED HABBITT COMPANY, IS APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X' BOX FOR ATTACHMENT). Advanager Name John E. O'Donnell Street Address 200 Scenic View Drive, Suite 201 City State Zip Street Address Street Address Street Address Street Address Street Address Agent Name Street Address Agent Name Michael F. Sweeney, Esq.		Drive, St	⊔ite 201		Cumberland	RI		02864		
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Cumberland RI 02884 Manager Name Street Address City State Zip City State Zip 8. RESIDENT AGENT IN REODE ISLAND, DO NOT ALTER, Changes testific (filing of Estate 642, RT.G.L.71,611 Agent Name Michael F. Sweeney, Esq.		Dilve, G		7h	Clly	State		Zip		
Manager Name Street Address Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes certific (filing of Form 642, RT.G.L. 716-11 Agent Name Michael F. Sweeney, Esq.			RI	02884		1				
Since Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filling of Form 642. RIF C.L. 7:16-11 Agent Name Michael F. Sweeney, Esq.	Managar Name		.1	, 43.0	Manager Name					
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require: filling of Form 642. Ref. G.L. 71.G.11 Agent Name Michael F. Sweeney, Esq.	Sireel Address	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 	-		Street Address					
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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 begoin are true and correct.

11-2-07

Paul R. Antrop, Chief Operating Officer

Print or Type Name of Authorized Person

Form 632 Rev. 07/07