



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
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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. <u>154519</u>		2. Exact name of the limited liability company <u>JOARELL LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>INVENTING</u>	
5. Principal office address <u>49 MEADOWBROOK ROAD</u>		City <u>WYOMING</u>	State <u>RI</u>
		Zip <u>02898</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>EO TURNER</u>		Contact Title <u>OWNER/MANAGER</u>	
Street Address <u>AS ABOVE 49 MEADOWBROOK ROAD</u>		City <u>WYOMING</u>	State <u>RI</u>
		Zip <u>02898</u>	
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) <input type="checkbox"/>			
Manager Name <u>EO TURNER</u>		Manager Name	
Street Address <u>49 MEADOWBROOK ROAD</u>		Street Address	
City <u>WYOMING</u>	State <u>RI</u>	City	State
Zip <u>02898</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>EO TURNER</u>		Address <u>49 MEADOWBROOK ROAD</u>	
Address <u>49 MEADOWBROOK ROAD</u>		City <u>WYOMING RI</u>	Zip <u>02898</u>

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

FILED	
File Date <u>JUL 29 2008</u>	
Check No. <u>064527</u>	
By <u>EO TURNER</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.

EO TURNER 07/28/08
Signature of Authorized Person Date
EO TURNER
Print or Type Name of Authorized Person