



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
401.222.3044

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. 127278		2. Exact name of the limited liability company JOHNELLUS LLC	
3. State of Formation CT		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASED PROPERTY - FORMERLY	
5. Principal office address 60 LYME STREET		City OLD LYME	State CT
		Zip 06371	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JOHN C. SPRATT		Contact Title MANAGER	
Street Address 60 LYME STREET		City OLD LYME	State CT
		Zip 06371	
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 JOHN C. SPRATT		Manager Name	
Street Address 60 LYME STREET		Street Address	
City OLD LYME	State CT	City	State
Zip 06371		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 JOHN PAYNE, ESQ		Address 46 GRANITE STREET	
Address		City WESTERLY	Zip 02891

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 JUN 18 AM 11:00

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

File Date
Check No.
By: JUN 18 2009
FOR SECRETARY OF STATE USE ONLY
092351

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
Date 6/16/09

Print or Type Name of Authorized Person
Michael Fortunato