

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615 401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

			r 1 • Filing Fee: \$5 INTED LEGIBLY IN		.IL TEM	2000		
I ID No.	2 Exact	name of the limited h	ability company		· · · · · · · · · · · · · · · · · · ·	SE		
102055	J.R. Me	usic Supply LLC				SC 000		
3. State of Formation		4. Brief description of	of the character of the busine	ss which is actually conducted in Rhode .	island	IOV PRE		
RHODE ISLAND		SALES OF STR	RINGED INSTRUMENTS	AND ACCESSORIES				
5. Principal office addre	NN			City	State	Zip		
93 Hazel S	treet			Woonsocket	RI	± 5 02895		
6. MAILING ADDR	ESS OF L	imited liabili	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:	~ SS □		
	EPT	F. BOR	ionski	CHIEF OPERATION	ug officeil	AIE NY		
Street Address 93	H PIZE	12 Si.		Woonsocket	State I	02895		
	NY MODI	FILL IN SPAC	ES BEFORE USING AT MANAGERS REQUIRES	JABILITY COMPANY, IF APPLICATION OF AMENDMENT, R.I. Manager Name	ATTACHMENT)			
Street Address 93 HAZE	٠.	•		Street Address				
Moonsocket		State	02895	City	State	Zip		
Manager Name				Manager Name				
Street Address	.,	201 H 2 10 H 238 F 20 H		Street Address		-		
City		State	Zip	City	State	Zφ		
8. RESIDENT AGEN Agent Name LLOYD R. GARIEPY	IT IN RHO	ODE ISLAND - D	O NOT ALTER - Char	nges require filing of Form 64 Address	2 - R.I.G.L. 7-16-11	2006		
Address				СИг	Zip	₹ 95		
68 CUMBERLAND ST	reet, su	ITE 203		WOONSOCKET	028	395		
-						SAMIL: 06		
		This report mu	st he executed by an au	uthorized person pursuant to R.I	.G.L. 7-16-66 (b).			

*				

File Date _	FILED
Check No	NOV 14 2006
Ву:	By OOK 24483
FC	OR 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.

1/0-4+ + / V

9/14/06

ROBERT F. BORDINSKI

Print or Type Name of Authorized Person