



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 2013**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*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. <b>000556690</b>		2. Exact name of the limited liability company <b>JKW Holdings, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>to provide administrative services, equipment ownership and holding, leasing of office space.</b>			
5. Principal office address <b>78 Baker Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
6. MAILING ADDRESS OF THE COMPANY					
Contact Name <b>Rebecca Kresowaty</b>			Contact Title <b>Office Manager</b>		
Street Address <b>78 Baker Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
7. MAILING ADDRESS OF THE MANAGER					
Manager Name <b>William G. Tsiaras</b>			Manager Name <b>King W. To</b>		
Street Address <b>78 Baker Street</b>			Street Address <b>78 Baker Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Manager Name <b>Joseph F. Ducharme</b>			Manager Name		
Street Address <b>78 Baker Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

**FILED**

**SEP 13 2013**

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

By *MNC*  
**CA # 570**

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.

*Rebecca Kresowaty* *manager for JKW* 9/11/13  
Signature of Authorized Person Date

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**Rebecca Kresowaty, Office Manager**

*Print or Type Name of Authorized Person*