



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Nellie M. Gorbea, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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. 000556690		2. Exact name of the limited liability company JKW Holdings, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to provide administrative services, equipment ownership and holding, leasing of office space.			
5. Principal office address 78 Baker Street			City Providence	State RI	Zip 02905
Contact Name Joseph F. Ducharme			Contact Title Manager		
Street Address 78 Baker Street			City Providence	State RI	Zip 02905
Manager Name William G. Tsiras			Manager Name King W. To		
Street Address 78 Baker Street			Street Address 78 Baker Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Manager Name Joseph F. Ducharme			Manager Name		
Street Address 78 Baker Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip

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.

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

FILED

SEP 21 2015

BY

[Signature]

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] **Manager** **9/15/15**
Signature of Authorized Person Date

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

Joseph F. Ducharme, Manager

Print or Type Name of Authorized Person