



State of Rhode Island  
and Providence Plantations  
Department of State - Business Services Division

148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017**

**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.<br><b>000556690</b>   |                    | 2. Exact name of the limited liability company<br><b>JKW Holdings, LLC</b> |  |                    | 3. NAICS Code<br><b>53120</b>                |  |
| 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>to provide administrative services, equipment ownership and holding, leasing of office space.</b>     |                    |  |  |                    | 5. State of Formation<br><b>Rhode Island</b> |  |
| 6. Principal office address<br><b>78 Baker Street</b>   |                    |  | City<br><b>Providence</b>                | State<br><b>RI</b> | Zip<br><b>02905</b>                          |  |
| 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |  |  |                    |  |  |
| Contact Name<br><b>Joseph F. Ducharme</b>   |                    |  | Contact Title<br><b>Manager</b>          |                    |  |  |
| Street Address<br><b>78 Baker Street</b>  |                    |  | City<br><b>Providence</b>                | State<br><b>RI</b> | Zip<br><b>02905</b>                          |  |
| 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |  |  |                    |  |  |
| Manager Name<br><b>Joseph F. Ducharme</b>   |                    |  | Manager Name<br><b>King W. To</b>        |                    |  |  |
| Street Address<br><b>78 Baker Street</b>  |                    |  | Street Address<br><b>78 Baker Street</b> |                    |  |  |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02905</b>  | City<br><b>Providence</b>                | State<br><b>RI</b> | Zip<br><b>02905</b>                          |  |
| Manager Name  |                    |  | Manager Name                             |                    |  |  |
| Street Address  |                    |  | Street Address                           |                    |  |  |
| City  | State              | Zip  | City                                     | State              | Zip  |  |
|   |                    |  |  |                    |  |  |
| 9. 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**

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

OCT 06 2017

BY 2065

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.

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

*Joseph F. Ducharme*  
Signature of Authorized Person

9/28/17  
Date

**Joseph F. Ducharme, Manager**

Print or Type Name of Authorized Person