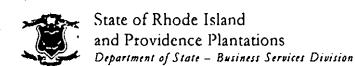
RI SOS Filing Number: 201878166070 Date: 9/21/2018 4:00:00 PM



148 W. River Street Providence, RJ 02904-2615

401.222.3040

2018 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

000556690	2. Exact name of the limited liability company JKW Holdings, LLC				3. NAICS Code 531120	
	of the character of the busin ninistrative service		cted in Rhode Island ership and holding, leas	1	of Formation Island	
6. Principal office address 78 Baker Street		City Providence	State RI	Zip 02905		
7. MAILING ADD Contact Name Joseph F. Duc	 	BILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	T PERSON:		
Street Address 78 Baker Street			City Providence	State RI	^{2 ip} 02905	
• •		GER OF THE LIMITED S S BEFORE USING ATT		LICABLE - DO NOT I	LIST MEMBER	
Manager Name Joseph F. Ducharme			Manager Nume King W. To			
Joseph F. Du	charme				CHMENT) [
Joseph F. Du Street Address 78 Baker Stre					· . -	
Street Address		Zip 02905	King W. To Street Address	State RI	7.ip 02905	
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78 Baker Stre City Providence	et State		Street Address 78 Baker Street City Providence			
78 Baker Stre City Providence Manager Name	et State		Street Address 78 Baker Street City Providence Manager Name			
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FILED) <u>,</u>		

SEP 2-1 2018 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
The ball	
Check No.	-
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Ву:	_
FOR 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 trug and correct.

Signature of Authorized Person

Date

Joseph F. Ducharme, Manager

Print or Type Name of Authorized Person