



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 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 121957		2. Exact name of the limited liability company JFC-KIM Investment Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GOLF COURSE	
5. Principal office address 345 Harmony Hill Road		City Harwinton	State CT
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Joseph F. Colette		Contact Title partner	Zip 06791
Street Address 345 Harmony Hill Road		City Harwinton	State CT
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name Craig M. Colette		Manager Name	
Street Address 3B Fairway Circle		Street Address	
City Hoge Valley	State RI	Zip 02532	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ALEXANDER R. CARI, ESQ.		Address	
Address 494 BROADWAY		City NEWPORT	Zip 02840

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

FILED

File Date **SEP 24 2007**
Check No. _____
By **[Signature]**

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 true and correct.

[Signature] 9-17-06
Signature of Authorized Person Date
Joseph F. Colette
Print or Type Name of Authorized Person