

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name	of the limited liability co	mpany			
796511	J.G. Cone	y Company, LLC				
3. State of Formation	4. Brief descrì	Brief description of the character of business conducted in Rhode Island Tennis court construction, maintenance and resurfacing				
RI	Tennis co	urt construction, n	aintenance and resurtacing			
5. Principal office address 25 Cherles Sixeetx South Wait 1248 Hope Street			City Bristol	State RI	Zip 02809	
	LIMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT P	ERSON:		
Contact Name Neil Feeley			Contact Title Member			
Street Address 25: Charles: Street: Sauth: Unit 1248 Hope Street			City Bristol	State RI	Zip 02809	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADDR	ESSES) OF THE LIMIT	ED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBE	
Manager Name NONE	ager Name			Manager Name NONE		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name NONE			Manager Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B, RESIDENT AGENT IN R	HODE ISLAND					
			of State. Changes require f	W 5 040		

File Date Check No:	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Authorized Person Date			
	Neil Feeley, Member			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012