



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. <b>788962</b>		2. Exact name of the limited liability company <b>JTF HOLDINGS, LLC</b>			
3. State of Formation <b>CONNECTICUTT</b>		4. Brief description of the character of business conducted in Rhode Island <b>WE WERE WORKING AT A PRIVATE LOCATION LAYING CONCRETE PADS AND BOLLARDS. WE CURRENTLY ARE NOT WORKING IN THE STATE</b>			
5. Principal office address <b>401 SACKETT POINT ROAD REAR BUILDING</b>		City <b>NORTH HAVEN</b>		State <b>CT</b>	Zip <b>06473</b>
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>MIKE COPELAND</b>		Contact Title			
Street Address <b>28 GAIL DRIVE</b>		City <b>NORTHFORD</b>		State <b>CT</b>	Zip <b>06472</b>
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name <i>Same as above</i>		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

OCT 30 2014

3560

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**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 of Authorized Person

Date

**MIKE COPELAND, MANAGER**

Print or Type Name of Authorized Person