



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 2015

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. 114934 CR4297		2. Exact name of the limited liability company JENKINS ENTERPRISES L.L.C.	
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island ELECTRICAL CONTRACTOR	
5. Principal office address 2 1/2 PARK DRIVE		City MIDDLETOWN	State R.I.
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BEN JENKINS		Contact Title OWNER	
Street Address 2 1/2 PARK DRIVE		City MIDDLETOWN	State R.I.
		Zip 02842	
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) <input type="checkbox"/>			
Manager Name		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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name		Address	
Address		City	Zip

FILED

SEP 11 2015

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

BY W531

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.

BEN JENKINS 9-10-15
Signature of Authorized Person Date

BEN JENKINS
Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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