

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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.

Entity ID No.	2. Exact na	ame of the limited lia	bility company		······································		
812183	JFK HO)LDINGS, LLC	, -				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	REAL E	STATE	The second secon	Jaang			
Principal office address 21 INDUSTRIAL DRIVE			City SMITHFIELD	State RI	Zip 02917		
6. MÁLEING ADMHESEN	DE LIMIT ED LIABILI	TY COMPANY AND	NAME OF TITLE OF CONTACT P	ERSON:			
JOSEPH SOUSA			Contact Title MEMBER				
Street Address 21 INDUSTRIAL DRIVE			City SMITHFIELD	State RI	Zip 02917		
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
fanager Name			Manager Name				
Street Address	'		Street Address				
Dity	State	Zip	City	State	Zip		
lanager Name	L		Manager Name				
treet Address			Street Address				
iity	State	Zip	City	State	Zip		
				3.3.0	E.h		
RESIDENT AGENT IN							
his information is curre	ently of record in the	Office of the Secr	etary of State. Changes require fili	ing Form 640			

FILED OCT 19 2015

File Date BY	this report, including any accompanying sci	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.	
B Y 2	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	JOSEPH SOUSA		
1. S. S. S. S. Salaman C. S.	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012