

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.

1. Entity ID No.	2. Exact na	me of the limited liability	y company		
000121957	JFC-KIM Investment Group LLC				
3. State of Formation	4. Brief des	cription of the character	of business conducted in Rhod	e Island	
RI	Golf Cou	ırse			
5. Principal office address 299 Woodville Alton Road			City Hope Valley	State RI	Zip 02832
6. MAILING ADDRESS OF L	MITED LIABILI	TY COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:	
Contact Name Joseph F. Colette			Contact Title Managing Member	•	
Street Address 345 Harmony Hill Road			City Harwinton	State CT	Zip 06791
7. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHME		ORESSES) OF THE LIN	NITED LIABILITY COMPANY, II	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS
Manager Name Joseph F. Colette	de la compagna		Manager Name		om o Ma, And American on Managama, a M
Street Address 345 Harmony Hill Road	d	···· <u>-</u>	Street Address		
City Harwinton	State CT	Zip 06791	City	State	Zip
Manager Name	1		Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip 221 SEC
B. RESIDENT AGENT IN RHO					
This information is currently	of record in th	e Office of the Secreta	ary of State. Changes require t	filing Form 642.	8 SA
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FILED FEB 16 2016 By 2100 10 89 A.A. 11:44A.m.					
					ONS DIV
		FEB 10	CC		0 "
		Budlon	1084		
		A.A.V	1:44A.m.		
		•	Under penalty of perj		irm that I have examined schedules and statemer

and that all statements contained herein are true and correct.

Signature of Authorized Person

Print or Type Name of Authorized Person

Joseph F. Colette

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY

Check No _