



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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. 000556690		2. Exact name of the limited liability company JKW Holdings, LLC		3. NAICS Code 53120	
4. Brief description of the character of the business which is actually conducted in Rhode Island to provide administrative services, equipment ownership and holding, leasing of office space.				5. State of Formation Rhode Island	
6. Principal office address 78 Baker Street		City Providence		State RI	Zip 02905
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph F. Ducharme			Contact Title Manager		
Street Address 78 Baker Street		City Providence		State RI	Zip 02905
8. 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 Joseph F. Ducharme			Manager Name King W. To		
Street Address 78 Baker Street			Street Address 78 Baker Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED

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

OCT 06 2017

BY 2065


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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY


Signature of Authorized Person

9/28/17
Date

Joseph F. Ducharme, Manager

Print or Type Name of Authorized Person