RI SOS Filing Number: 201751821900 Date: 10/18/2017 4:00:00 PM

| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|---|---------|
| 2017 | 5 î.k ? |
| Annual Report for the year: Limited Liability Company | • |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | |

| 1. Entity ID Number 75870 | | Exact name of the Limited Liability Company JKG Enterprises, LLC | | | | | |
|--|---------------------|--|---|------------------------|------------------------|--|--|
| 3. State of Formation | 4. Brief descr | Brief description of the character of business conducted in Rhode Island | | | | | |
| Rhode Island | Real estate | Real estate management | | | | | |
| • | 2 | 31311 | | | | | |
| 5. Principal Office Address | | ~1 / 1 - | City | State | Zip | | |
| 2840 Cuyahoga Lane | | | West Palm Beach | FL | 33409 | | |
| 6. Mailing Address of Limited | Liability Company | y and Name or Titl | e of Contact Person | | | | |
| Contact Name Stephen J. DiGianfilippo, Esq. | | | Contact Title Attorney | | | | |
| Street Address 50 Park Row West, Suite 111 | | | City Providence | State RI | ^{Zip} 02903 | | |
| 7. List ALL managers (names | and addresses) | of the Limited Liab | oility Company, IF APPLICABL | LE - DO NOT LIST I | MEMBERS | | |
| Manager Name Meredith A. Gustafson | | | Manager Name | | | | |
| Street Address 2840 Cuyahoga Lane | | | Street Address | | | | |
| City West Palm Beach | State FL | ^{Zip} 33409 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zıp | | |
| | | | | Check the box to | indicate an attachment | | |
| 8. Resident Agent in Rhode I | sland. This informa | ation is currently of re | ecord in the Department of State. | Changes require filing | Form 642. | | |
| Under penalty of perjury, I statements, and that all sta | declare and affir | m that i have exa | mined this report, including e and correct. | any accompanyir | ng schedules and | | |
| Name of Authorized Person | | | | Date | | | |
| Meredith A. Gustafson | | | | 10-6-17 | | | |
| Signature of Authorized Pers | on Mared | sign Do | CUMENT HERE | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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