St	ate of Rhode Island and Pro Office of the Secreta		S Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2017		
<b>1. ID No.</b> <u>000141186</u>			
2. Exact Name of the Limited Liability Company $\underline{JF2}$ , $\underline{LLC}$			
3. State of Formation			
State: <u>ME</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. 237130			
	Character of the Business Which	is Actually Conducted	in Phodo Island
4. Bhei Description of the	Character of the Dusiness Which		
UTILITY SERVICE			
5. Principal Office Addres	S		
	VATER STREET DINER State: <u>N</u>	<u>1E</u> Zip: <u>04345</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact Per	son:
Contact Name: Contact T No. and Street: 617 W	itle: /ATER STREET		
	DINER State:	<u>ME</u> Zip: <u>04345</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addree	
MANAGER	First, Middle, Last, Suffix JOHN BOUCHER		NCO RD
		PORTLAND, ME	04103 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LAWRENCE F. BOYLE MORRISON MAHONEY LLP <u>10 WEYBOSSET STREET</u> PROVIDENCE, <u>RI</u> 02903

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

**Signed this 31 Day of October, 2017 at 11:28:42 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>SUSAN LINSCOTT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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