



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
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 118925		2. Exact name of the Corporation JR Partners, Inc.			
3. Principal office address One Richmond Square, Suite 225W			City Providence	State RI	Zip 02906
4. Business Phone No. 454-0009		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Asset management					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph R. Wein			Vice-President Name None		
Street Address One Richmond Square, Suite 225W			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Joseph R. Wein			Treasurer Name Joseph R. Wein		
Street Address One Richmond Square, Suite 225W			Street Address One Richmond Square, Suite 225W		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$1.00 par

2014 FEB 13 AM 9:02
 SECRETARY OF STATE
 CORPORATIONS DIV

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FILED

FEB 13 2014

CR 217230

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.

Signature of Authorized Representative

Date

Joseph R. Wein

Print or Type Name of Authorized Representative