State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
143842	J.R. ENTERPRISES CORP			
3. Street Address Principal Business Office		City	State	Zip
35 MOSHASSUCK Rd		LINCOLN	R.I.	02865
4. Business Phone No.	5. State of Incorporation			
401 723-9661	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: JOHN RAINHA			Vice President Name:		
Street Address: 35 MOSHASSUCK Rd			Street Address: NONE		
City: LINCOLN	State: R.I.	Zip: 02865	City:	State:	Zip:
Secretary Name: JOHN RAINHA			Treasurer Name: JOHN RAINHA		
Street Address: 35 MOSHASSUCK Rd			Street Address: 35 MOSHASSUCK Rd		
City: LINCOLN	State: R.I.	Zip: 02865	City: LINCOLN	State: R.I.	Zip: 02865

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: NONE			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1.000	COMMON	# 0.1
THIS SECTION	MUST BE COMPLETED	

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.

[redacted] [redacted]

FILED

DEC 1 2014

BY 0887

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.

J.R. Rainha — 12-9-14
Signature — *Date*

JOHN RAINHA
Print or Type Name

PRESIDENT
Title

[redacted]

File Date 143842
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08