RI SOS Filing Number: 201744959900 Date: 6/7/2017 10:25:00 AM

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<b>Annua</b>
Corpo

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017 (Amended)

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00	0 fee if form is	not filed by April 1.					
Entity ID Number	2. Exact name of the Corporation						
891173	J&R Construction, Inc.						
3. Principal Office Address			City State Zip			Zip	
10 Miss Fry Drive			East Greenwich		RI	02818	
4. NAICS Code	6. Brief des	cription of the charac	ter of business condu	cted in Rhode Isla	nd		
23 - Construction	General construction, acquire, renovate, operate, rent, develop, and sell real estate.						
5. State of Incorporation	_	, <b>-</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
Rhode Island							
7. List ALL officers (names and a	addresses)	<del></del> .		Check the	e box to ir	ndicate an attachment	
President Name			Vice-President Nam	e .			
TOWN A FURTAGE Street Address	<i>k</i> ,	·	ROSANNA	FURTANO		<u> </u>	
Al Miss FRU 11ein			Street Address 10 Miss FRY DRIVE				
City	State R J	Zip	City	/ ///	State	Zip.	
EAST GREENWich	RJ	02818	EAST GREEN	wich	RI	1 01818	
TO Miss FRY DRIVE  AST GREENWich RI 02818  ecretary Name  TO h. N. A. FURTADO JR			Treasurer Name				
			Treasurer Name ROSANNA FURTADO Street Address IV MISS FRY DRIVE City FAST GREENWICK RI CT 02818				
IV M.'SS FRY DR	ive		10 miss 6	Ry URINE	_		
City East Greenwich	State Z	Zip 02818	City / Pa	· encial	State R I	N Zip 77 028/8	
8. List ALL directors (names and		724.0	VAUL OS NEC			ndicate an attachment	
Director Name	addicaaca)		Director Name	Crieck th	e box to ii	idicale an allaciment	
None							
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
			Oli eel Address				
City	State	Zip	City		State	Zip	
O Charas Authorized		40.05		05-14			
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issu NUMBER OF		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
		2,000		Common		No par value	
				<del> </del>			
11. This report must be executed					ion is in t	ne hands of a receiver or	
trustee, this report must be executionally the control of periury. I deci	ited on benait o lare and affirm	or the corporation by t that I have examine	ne receiver or trustee ad this report, includ	ling anv accompa	envina sa	hedules and	
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.							
Name of Authorized Representative RPS ANN A FUR TANO					Date 6/5/2017		
Signature of Authorized Represer	ntative		FILE	n			
Jones Dr	Leele						
All TO-							

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 10:25 JUN 07 2017 BY A RI SOS Filing Number: 201744959900 Date: 6/7/2017 10:25:00 AM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 07, 2017 10:25 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

