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 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
891173	**J&R Construction, Inc.**

3. Principal Office Address	City	State	Zip
10 Miss Fry Drive	**East Greenwich**	**RI**	**02818**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	**General construction, acquire, renovate, operate, rent, develop, and sell real estate.**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JOHN A FURTADO JR.	ROSANNA FURTADO
Street Address: 10 MISS FRY DRIVE	Street Address: 10 MISS FRY DRIVE
City: EAST GREENWICH; State: RI; Zip: 02818	City: EAST GREENWICH; State: RI; Zip: 02818
Secretary Name	**Treasurer Name**
JOHN A. FURTADO JR	ROSANNA FURTADO
Street Address: 10 MISS FRY DRIVE	Street Address: 10 MISS FRY DRIVE
City: EAST GREENWICH; State: RI; Zip: 02818	City: EAST GREENWICH; State: RI; Zip: 02818

2017 JUN -7 A 10:25

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
NONE	
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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**2,000**	**Common**	**No par value**
Changes require an additional filing.			

11. 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.

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	Date
ROSANNA FURTADO	6/5/2017

Signature of Authorized Representative

FILED

10:25 JUN 07 2017

BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017