

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

401.222.3040

		0.10	Promacrice, Ri U
PROFIT CORPORATION ANNUA	L REPORT FOR THE YEAR	-XDIX	40
Filing Period: January & - March 1 - Filing Fee: \$50.0	XX' · THIS REPORT MUST BE TYPED OR P	RINTED LEGIBLY IN	BLACK INK.

in Delically & months of the second of the second of the second within thirty (All domestics the time prescribed by law (RIGI, 7-1.2-1501(cold)) is

in accordance with K.I.G.L. 7-1.2-1301(e), each corporation failing or reguling to file its annual report unitin thirty (30) days after the time practical by law (K.I.G.L. 7-1.2-1301(COB)) is subject to a penalty fee of \$25.00.						
1. Corporate ID No. 143842 J.R. ENFERRISES CORP (212321)						
3. Street Address Principal Business O. AS h TON	flar	WAY	CUMBERIAND	State R.J.	02864	
4. Business Phone No. 401-723-96		5. State of Incorporation RHODE	ist-AND			
6. Brief Description of the Character of Business Conducted in Rhode Island Construction on Repow						
President Name TOND RAI	WhA	("X" BOX FOR AITA	CHMENT) FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS	
Siren Address AShton P	ARK WA	4	Street Address PONE		,	
CUMBER/AND	State P.T.	02864	City	State	Zip	
JOHN RAINH	IA	, 	John RA	WhA	· -	
20 ASHTON	PARK WI		20 Ashton	PARK WA		
CUMBER/And	State I.	02864	CUMBERIAND	State P.T.	02864	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name NONE		Olivector Name				
Street Address			Street Address			
City	State	Zip	Ciŋ·	State	Zip	
Director Name NONE		Director Name NONE				
Street Address			Street Address			
City	State	Zip	City:	State	Zip	
9. SHARES AUTHORIZED		: 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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		
		1.000	Com mov	# 0. /		
		THIS SECTION	Missel of com-			
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						

	FILED O	Under penalty of perjury, I declare and affirm that I have examined this report,
\mathcal{L}	DEC 1 9 2017	including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date 7700 7 12	6137	Signature Date
Ву:		Print or Type Name
FOR SECRETARY OF STATE USE ONLY		<u>PRESIDENT</u>