

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

317:41

Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact name of the Corporation					
118925	JR Partners, Inc.					
3. Principal Office Address	<u></u>		City	· · · · · · · · · · · · · · · · · · ·	State	Zip
One Richmond Square, Suite 225W			Providence		RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island					
999999	Asset management.					
5. State of Incorporation	1					
Rhode Island	1					
7. List ALL officers (names and ad	dresses)				the box to i	ndicate an attachment 🔲
President Name Joseph R. Wein			Vice-President Name None			
Street Address One Richmond Square, Suite 225W			Street Address			
City Providence	State RI	Z ₁ p 02906	City		State	Zıp
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	^{Ζιρ} 02906
8. List ALL directors (names and a	ddresses)				k the box to	ndicate an attachment 🔲
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
Shares Authorized	10. Shares Iss		sued Check the box to indicate an attachment			
This information is currently of record in the			NUMBER OF SHARES		C:ASS/SERIES PAR VALUE Common \$1.00 par	
Department of State.		100	100		Common	
Changes require an additional filing	J.		-			
11. This report must be executed trustee, this report must be execu	on behalf of the	e corporation by an	authorized repres	sentative. If the corp	poration is in	the hands of a receiver or
Under penalty of perjury, I declar	are and affirm	that I have examin	ned this report, in	ncluding any acco	mpanying s	chedules and
statements, and that all statements and that all statements Name of Authorized Representation		d nerein are true a	na correct.		Date	1 .1.1
Joseph R. Wein						
Signature of Authorized Represer	itative	SIGN DO	PILE OCUMENT HERE	:ט		7
		JIGH DY.		2018		

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: 10/2017