

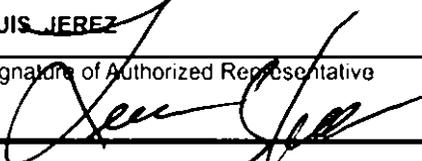


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2018 MAY -3 PM 1:45

Annual Report for the year: 2017
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 000797772		2. Exact name of the Corporation JR ELECTRONICS INC			
3. Principal Office Address 516 CRANSTON ST			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island ENGAGE IN THE BUSINESS OF SELLING, REPAIR PHONES, INSTALL CAR ALARM SYSTEM.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LUIS JEREZ			Vice-President Name N/A		
Street Address 231 UNION AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUIS JEREZ			Director Name N/A		
Street Address 231 UNION AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	0.0100
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 LUIS JEREZ					Date 04/23/2018
Signature of Authorized Representative 			FILED SIGN DOCUMENT HERE MAY 03 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

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