



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 40046		2. Name of Corporation J & R Corporation			
3. Street Address Principal Business Office 155 Messer Street		City Providence	State RI	Zip 02909	
4. Business Phone No. 273-2080		5. State of Incorporation Rhode Island			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island Jewelry Services - Stone Setting					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Rolando Morales			Vice President Name Roland Morales		
Street Address 182 Linwood Avenue			Street Address 182 Linwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Roalnd Morales			Treasurer Name Roland Morales		
Street Address 182 Linwood Avenue			Street Address 182 Linwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Roland Morales			Director Name None		
Street Address 182 Linwood Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 Shares	Common	No Par	1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 7/2/97
Check No.: 4780
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 7-1-97
Signature of Officer Date

Rolando Morales

Print or Type Name of Officer

President

Title of Officer