



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 25 2023

BY 10914 DS

1. Entity ID Number <u>143842</u>		2. Exact name of the Corporation <u>J.R. ENTERPRISES CORP.</u>	
3. Principal Office Address <u>20 Ashton PARK WAY</u>		City <u>CUMBERLAND</u>	State <u>R.I.</u>
		Zip <u>02864</u>	
4. NAICS Code <u>212321</u>	6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION SITE WORK</u>		
5. State of Incorporation <u>RHODE ISLAND</u>	<u>WATER SEWER FOUNDATIONS</u>		
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>JOHN RAINHA</u>		Vice-President Name <u>NONE</u>	
Street Address <u>20 Ashton PARK WAY</u>		Street Address	
City <u>CUMBERLAND</u>	State <u>R.I.</u>	Zip <u>02864</u>	
Secretary Name <u>JOHN RAINHA</u>		Treasurer Name <u>JOHN RAINHA</u>	
Street Address <u>20 Ashton PARK WAY</u>		Street Address <u>20 Ashton PARK WAY</u>	
City <u>CUMBERLAND</u>	State <u>R.I.</u>	Zip <u>02864</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>NONE</u>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>1.000</u>	
		<u>COMMON</u>	
		<u>#0.1</u>	
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 <u>John Rainha</u>		Date <u>1-20-23</u>	
Signature of Authorized Representative <u>John Rainha</u>			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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