



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

**FILED**

Annual Report for the year: 2023  
 Corporation

JAN 25 2023

BY 10914 OS

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

MAIL TO:  
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