RI SOS Filing Number: 202342814220 Date: 11/17/2023 1:58:00 PM

State of Rhode		ess Services	Division		۲.	TA SEC	
Department of State - Business Services D Annual Report for the year: 2023				O 1 Ann			
Corporation ————————————————————————————————————				2 L 25	CEIVED		
Filing period: Februa	mr.1 May 1			(,), UE! Diig	SVCS BIY	TOP AT AT	
Filing Fee: \$50.00	iry i - ividy i			503	U100 BI		
→ Penalty: Additional \$2	25.00 fee if form is no	ot filed by May 31.		2023 8101	<u> </u>	57	
Entity ID Number	1	1077 100					
000797772	JR ELE	CTRONICS	INC				
3. Principal Office Address	DEET		City	UDENOE	State	Zip	
516 CRANSTON ST	REEI		PRO	/IDENCE	RI	0290	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island					
443142	SELLING	SELLING, REPAIR PHONES, INSTALL CAR ALARM SYSTEMS AND					
5 01-1(1	OTHER A	CTIVITIES	·				
5. State of Incorporation RHODE ISLAND							
KHODE ISLAND							
7. List ALL officers (names a	ind addresses)			Check the	box to indicate a	n attachment	
President Name LUIS JEREZ			Vice-President Name N/A				
Street Address 231 UNION AVE			Street Address				
		Zin	City	<u> </u>	State	Zip	
^{City} PROVIDENCE	State RI	^{Zip} 02909	lon,		State	اعتاب	
Secretary Name LUIS JEREZ			Treasurer Name LUIS JEREZ				
				LUIS JEKE	_		
Street Address 231 UNION AVE			Street Add	Street Address 231 UNION AVE			
City PROVIDENCE	State RI	^{Zip} 02909	City PROVIDENCE		State RI	^{Zio} 290	
8. List ALL directors (names	and addresses)		*	Check the	box to indicate a	n attachment	
Director Name LUIS JEREZ			Director Name N/A				
Street Address 231 UNION AVE			Street Address				
251 01101							
^{City} PROVIDENCE	Stale RI	^{Zıp} 02909	City		State	Zip	
Director Name N/A			Director N	Director Name N/A		I	
N/A	N/A						
Street Address			Street Add	dress		•	
·						·····	
City	State	Zip	City		State	Zip	
O. Charas Authorized		10 Sharas Isa		Chack the	l boy to indicate:	n attachmant	
9. Shares Authorized This information is currently of	of record in the	10. Shares Iss		CLASS/SEI	e box to indicate a	PAR VALUE	
Department of State.		1000	1000		0.0100		
Changes require an additional filing.							
Cuanges reduire an additional	i tiling.			!			
11. This report must be exec	uted on behalf of the	corneration by an a	uthorized re	nresentative. If the cor	moration is in the	hands of a re-	
ceiver or trustee, this report					poration to in all		
Under penalty of perjury, I					ompanying sch	dules and	
statements, and that all sta		herein are true an	d correct.	. .			
Name of Authorized Representative				Date			
LUIS JEREZ			WEILED \S8 11/08/2023				
Signature of Authorized Rep	resentative		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
1	(1/1.m)			NOV 1 7 2023			
V U	A College			110 1 A 1 CUCD			

MAIL 10: 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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