



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 106673		2. Exact name of the Corporation Jan Concepts, Inc.	
3. Principal office address 35 Sockanosset Cross Road		City Cranston	State RI
		Zip 02920	
4. Business Phone No. (401)946-4000		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Real Estate Business			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name William N. Janikies		Vice-President Name None	
Street Address 35 Sockanosset Cross Road		Street Address	
City Cranston	State RI	Zip 02920	
Secretary Name Cynthia A. Janikies-Simonson		Treasurer Name Cynthia A. Janikies-Simonson	
Street Address 35 Sockanosset Cross Road		Street Address 35 Sockanosset Cross Road	
City Cranston	State RI	Zip 02920	
		City Cranston	State RI
		Zip 02920	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name William N. Janikies		Director Name Melissa E. Janikies	
Street Address 35 Sockanosset Cross Road		Street Address 35 Sockanosset Cross Road	
City Cranston	State RI	Zip 02920	
		City Cranston	State RI
		Zip 02920	
Director Name Cynthia A. Janikies-Simonson		Director Name Jonathan J. Janikies	
Street Address 35 Sockanosset Cross Road		Street Address 35 Sockanosset Cross Road	
City Cranston	State RI	Zip 02920	
		City Cranston	State RI
		Zip 02920	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		1000	Common
			PAR VALUE
			no par

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.

FILED

FEB 06 2013

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.

02/04/2013

Signature of Authorized Representative

Date

Cynthia J. Simonson

Print or Type Name of Authorized Representative

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

BY

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