

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
 → Filing Fee: \$50.00

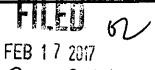
| → Penalty: Additional \$25   |  |  |   |                     |                  |                        |  |
|--|--|--|---|---------------------|------------------|------------------------|--|
| 1. Entity ID Number 106673   |  | 2. Exact name of the Corporation  JAN CONCEPTS, INC. |   |                     |                  |                        |  |
| Principal Office Address     SOCKANOSSET CROSS ROAD  |  |  | City<br>CRANSTON                            |                     | State<br>RI      | Zip<br><b>02920</b>    |  |
| 4. NAICS Code 72 - Accommodation and F 5. State of Incorporation RHODE ISLAND                              | 1                                      | ription of the chara                                 | cter of business con                        | nducted in Rhode Is | sland            | •                      |  |
| 7. List ALL officers (names ar   | nd addresses)                          | ,  |   | Check 1             | the box to indic | cate an attachment     |  |
| President Name WILLIAM N. J  | Vice-President N                       | Vice-President Name NONE                             |   |                     |                  |                        |  |
| Street Address 35 SOCKANOS   | Street Address                         |  |   |                     |                  |                        |  |
| City CRANSTON  | State RI                               | <sup>Zip</sup> 02920                                 | City  |                     | State            | Zip                    |  |
| 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                               | <sup>Zip</sup> 02920                                 | City CRANSTON S                             |                     | State RI         | <sup>Zip</sup> 02920   |  |
| 8. List ALL directors (names a   | and addresses)                         | <b>'</b>   |   | Check t             | the box to indic | cate an attachment 🔲   |  |
| Director Name WILLIAM N. JA  | Director Name                          | 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         | <sup>Zip</sup> 02920   |  |
| Director Name CYNTHIA A. JANIKIES-SIMONSON   |  |  | Director Name                               |                     |                  |                        |  |
| Street Address 35 SOCKANOSSET CROSS ROAD   |  |  | Street Address                              |                     |                  |                        |  |
| City CRANSTON  | State RI                               | <sup>Zip</sup> 02920                                 | City  |                     | State            | Zip                    |  |
| 9. Shares Authorized   |  | 10. Shares Iss                                       | sued  | Check t             | he box to indic  | cate an attachment 🔲   |  |
| This information is currently of record in the Department of State.  Changes require an additional filing. |  | NUMBER OF SHARES                                     |   | CLASS/SERIES        |                  | PAR VALUE              |  |
|  |  | 100  | 0   | COMMON              |                  | NO PAR                 |  |
| onanges require an additioner  | ······································ |  |   |                     |                  |                        |  |
| 11. This report must be execu  |  |  |   |                     | ation is in the  | hands of a receiver or |  |
| trustee, this report must be ex  | ecuted on behalf of                    | the corporation by                                   | the receiver or trus                        | tee.                | nauvina naha     | dulas and              |  |
| Under penalty of perjury, I d<br>statements, and that all stat   |  |  |   | luding any accom    | panying sche     | dules and              |  |
| Name of Authorized Representative  |  |  |   |                     | Date             |                        |  |
| CYNTHIA J. SIMONSON  |  |  |   |                     | 02-13-17         |                        |  |
| Signature of Authorized Repre  | esentative (                           |  |   |                     |                  |                        |  |

MAIL TO:

**Division of Business Services** 

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

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