	State of Rhode Islan Office of the Secretary of		Fee: \$50.0
	Division Of Business Servi 148 W. River Street		
HOPE	Providence RI 02904-26 (401) 222-3040	15	
Limited Liability Cor Annual Report Filing Period: September			
	L. 7-16-66(d), each limited liability company f hin thirty (30) days after the time prescribed i a penalty fee of \$25.00.		·-
ANNUAL REPORT YEAR	R: <u>2020</u>		
1. ID No. <u>0001246</u>	<u>15</u>		
2. Exact Name of the L	imited Liability Company <u>JANUS DIST</u>	RIBUTORS LL	. <u>C</u>
3. State of Formation			
State: <u>DE</u>			
State: <u>DE</u>	ARTICLE III		
Enter the six digit NAICS the list of codes <u>here.</u> Mo	ARTICLE III Code that best describes the primary busine ore information on <u>NAICS</u> can be found online		v the entity. Download
Enter the six digit NAICS	Code that best describes the primary busine		r the entity. Download
Enter the six digit NAICS the list of codes <u>here.</u> Mo <u>523120</u>	Code that best describes the primary busine	·. · ·	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of October, 2020 at 11:31:27 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PETER FALCONER

Signature of Authorized Person

Form No. 632 Revised 09/07

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