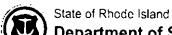
RI SOS Filing Number: 202068628800 Date: 10/22/2020 4:00:00 PM



Department of State - Business Services Division

Annual Report for the year:	2020
Limited Liability Company	

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED 6	STARP
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Entity ID Number	2. Exact name of the Limited Liability Company						
001682819	JaneRI, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531210	RESIDENTIAL RENTAL REAL ESTATE						
5. State of Formation]						
RHODE ISLAND					•		
6. Principal Office Address			City	State	Zip		
3 KIRWINS LANE, SUITE 5			NEWPORT	RI	02840		
7. Mailing Address of Limited Lia		and Name or Tit	le of Contact Person	•			
Contact Name PATRICIA J. TOD			Contact Title MANAGER				
Street Address 3 KIRWINS LANE, SUITE 5		City NEWPORT	State RI	^{Zip} 02840			
8. List ALL managers (names ar		of the Limited Lial		BLE - DO NOT LIST I	MEMBERS		
Manager Name PATRICIA J. TOD			Manager Name N/A				
Street Address 3 KIRWINS LANE. SUITE5			Street Address				
^{C'ty} NEWPORT	State RI	Zip 02840	City	State	Zip		
Manager Name N/A			Manager Name N/A				
Street Acdress			Street Address				
C ty	State	Zip	City	State	Zip		
	1		 .	Check the box to i	indicate an attachment		
9. The Resident Agent information	on currently of	record with the RI	Department of State is accu	ırate. Changes requir	e filing Form 642		
Under penalty of perjury, I dec statements, and that all staten				ig any accompanyin	g schedules and		
Name of Authorized Person			Date	Date			
PATRICIA J. TOD			10/16/2020				
Signature of Authorized Person							
Patricia Tod.							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov