



State of Rhode Island

Department of State - Business Services Division

FILED

OCT 22 2020

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SOS
SECRETARY OF STATE
OFFICE ONLY

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.

1. Entity ID Number 001682819		2. Exact name of the Limited Liability Company JaneRI, LLC			
3. NAICS Code 531210		4. Brief description of the character of business conducted in Rhode Island RESIDENTIAL RENTAL REAL ESTATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 3 KIRWINS LANE, SUITE 5		City NEWPORT		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title 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 and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name PATRICIA J. TOD			Manager Name N/A		
Street Address 3 KIRWINS LANE, SUITE 5			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
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.					
Name of Authorized Person PATRICIA J. TOD				Date 10/16/2020	
Signature of Authorized Person <i>Patricia Tod</i>					

MAIL TO:

Division of Business Services

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