



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

Annual Report for the year: 2021
Limited Liability Company

SEP 16 2021

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY AR 1350

1. Entity ID Number 140215		2. Exact name of the Limited Liability Company JANSVANS, LLC						
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Real Estate Management						
5. State of Formation RI								
6. Principal Office Address PO BOX 195				City Medfield		State MA	Zip 02052	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Dennis Tracey				Contact Title				
Street Address PO Box 195				City Medfield		State MA	Zip 02052	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name Janet Tracey				Manager Name Dennis Tracey				
Street Address PO Box 195				Street Address PO Box 195				
City Medfield		State MA	Zip 02052		City Medfield		State MA	Zip 02052
Manager Name				Manager Name				
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.								
<i>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.</i>								
Name of Authorized Person JANSVANS, LLC						Date 9-13-21		
Signature of Authorized Person <i>Dennis Tracey</i>								

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov