



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
FEB 02 2024
1343 *[Signature]*

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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Dennis Tracey			Date 1/29/2024
Signature of Authorized Person <i>Dennis Tracey</i>			

MAIL TO:
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