



State of Rhode Island
Department of State - Business Services Division

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CORPORATIONS STAMP

Annual Report for the year: 2024
Limited Liability Company

2024 MAY 28 AM 11:31
FOR STATE OF R.I.
USE ONLY

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

1. Entity ID Number <u>001734542</u>		2. Exact name of the Limited Liability Company <u>JILL FABIAN RN LLC</u>	
3. NAICS Code <u>541990</u>		4. Brief description of the character of business conducted in Rhode Island <u>HEALTH CARE</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>251 CRANDON BLVD #835</u>		City <u>KEY BISCAYNE</u>	State <u>FL</u>
		Zip <u>33149</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>JILL FABIAN</u>		Contact Title <u>SOLE/MANAGING MEMBER</u>	
Street Address <u>251 CRANDON BLVD #835</u>		City <u>KEY BISCAYNE</u>	State <u>FL</u>
		Zip <u>33149</u>	
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 <u>Jill Fabian</u>		Date <u>5/20/2024</u>	
Signature of Authorized Person 			

FILED

MAY 28 2024
BY KJSPV
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MAIL TO:
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