



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS STAMP

2024 MAY 28 AM 11:31  
FOR  
PART OF STATE  
USE ONLY

Annual Report for the year:  
Limited Liability Company

2024

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

FILED

MAY 28 2024  
BY KJSPV  
AA 11:31 AM

MAIL TO:

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