



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
FEB 13 2020
BY 21924
JA

1. Entity ID Number 000106673		2. Exact name of the Corporation JAN CONCEPTS, INC.			
3. Principal Office Address 35 SOCKANOSSET CROSS RD			City CRANSTON	State RI	Zip 02920
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM N. JANIKIES			Vice-President Name NONE		
Street Address 35 SOCKANOSSET CROSS ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name CYNTHIA A. JANIKIES SIMONSON			Treasurer Name CYNTHIA A. JANIKIES SIMONSON		
Street Address 35 SOCKANOSSET CROSS ROAD			Street Address 35 SOCKANOSSET CROSS ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM N. JANIKIES			Director Name JONATHAN J. JANIKIES		
Street Address 35 SOCKANOSSET CROSS ROAD			Street Address 35 SOCKANOSSET CROSS ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name CYNTHIA A. JANIKIES SIMONSON			Director Name		
Street Address 35 SOCKANOSSET CROSS ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		COMMON	NO PAR
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <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 Representative CYNTHIA A. JANIKIES SIMONSON				Date 01-31-2020	
Signature of Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov