



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 134211		2. Name of Corporation Yell-O-glow Corporation	
3. Street Address Principal Business Office 250 Beacham Street		City Everett	State MA
4. Business Phone No. 6173940300		5. State of Incorporation MA	
6. Brief Description of the Character of Business Conducted in Rhode Island Distribution at Wholesale of Food and Retail Food Products			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Louis G. markos		Vice President Name John G. markos	
Street Address 18 Spillers Lane		Street Address 205 High Street	
City Ipswich	State MA	City Ipswich	State MA
Zip 01938		Zip 01938	
Secretary Name George Koshivas		Treasurer Name John G. markos	
Street Address 16 Heard Drive		Street Address 205 High Street	
City Ipswich	State MA	City Ipswich	State MA
Zip 01938		Zip 01938	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Louis G. markos		Director Name	
Street Address Spillers Lane		Street Address	
City Ipswich	State MA	City	State
Zip 01938		Zip	
Director Name John G. Markos		Director Name	
Street Address 205 High Street		Street Address	
City Ipswich	State MA	City	State
Zip 01938		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	
200 common No Par Value			
Number of Shares	Class/Series	Par Value	
100	A	None	

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.

**FILED**

JUL 06 2010

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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.

Signature: [Signature] Date: 12/16/9

Print or Type Name: George Koshivas

Title: Secretary

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_ BY \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY