



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 143096		2. Exact name of the Corporation Yoder & Frey Auctioneers, Inc.			
3. Principal office address 1670 Commerce Rd.			City Holland	State OH	Zip 43528
4. Business Phone No. (419) 865-3990		5. State of Incorporation Ohio			
6. Brief description of the character of business conducted in Rhode Island Auctioneers of heavy construction equipment, trucks and trailers					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name V. Peter Clark			Vice-President Name		
Street Address 1670 Commerce Rd.			Street Address		
City Holland	State OH	Zip 43528	City	State	Zip
Secretary Name Sharon Bernath			Treasurer Name Dante Pletcher		
Street Address 1670 Commerce Rd.			Street Address 1670 Commerce Rd.		
City Holland	State OH	Zip 43528	City Holland	State OH	Zip 43528
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name V. Peter Clark			Director Name		
Street Address 1670 Commerce Rd.			Street Address		
City Holland	State OH	Zip 43528	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			77	Common	\$20

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.

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

**FILED**

MAR 05 2012

BY 60884

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.

Dante Pletcher \_\_\_\_\_  
 Signature of Authorized Representative Date  
 DANTE PLETCHER  
 Print or Type Name of Authorized Representative