



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 538520		2. Exact name of the limited liability company Yapon Entity Holdings LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island making and management of investments			
5. Principal office address 400 Reservoir Avenue, Suite 2H		City Providence	State RI	Zip 02907	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON					
Contact Name Craig A. Baker		Contact Title Manager			
Street Address 400 Reservoir Avenue, Suite 2H		City Providence	State RI	Zip 02907	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X BOX FOR ATTACHMENT) ☐					
Manager Name Craig A. Baker		Manager Name			
Street Address 400 Reservoir Avenue		Street Address			
City Providence	State RI	Zip 02907	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 11 2013

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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 of Authorized Person

Craig A. Baker

Print or Type Name of Authorized Person

Date

9/9/13

File Date

Check No.

By

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