



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 2014

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. 83215		2. Exact name of the Corporation YVEL CO., INC.			
3. Principal office address 1455 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. Business Phone No. 401-353-6500		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchase, sale and development of real estate					
President Name Jamie B. Levey			Vice-President Name Stuart Levey		
Street Address 50 Deborah Road			Street Address 64 Newton Street		
City Newton	State MA	Zip 02459	City Brookline	State MA	Zip 02445
Secretary Name Jamie B. Levey			Treasurer Name Stuart Levey		
Street Address 50 Deborah Road			Street Address 64 Newton Street		
City Newton	State MA	Zip 02459	City Brookline	State MA	Zip 02445
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. 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
			NONE	N/A	NONE

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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: _____
FILED
FEB 14 2014
19-217411
A.A.
 FOR SECRETARY OF STATE USE ONLY

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 Representative: Jamie B. Levey Date: _____
 Print or Type Name of Authorized Representative: Jamie B. Levey