

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

2014

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.	2. Exact nam	ne of the limited liability	company		
106581	Y.E.S.,	LLC			
3. State of Formation 4 Rhode Island	Brief description of the character of business conducted in Rhode Island real estate				
5. Principal office address 1960 Mendon Road			City Cumberland	State RI	Zip 02864-0000
	D LIMILET	Y COMPANY AND HA		BÖN:	
Contact Name Naveed A. Yousuf, DMD			Contact Title Manager		
Street Address 1960 Mendon Road			City Cumberland	State RI	Zip 02864-0000
LIST ALL MANAGERS (NAME: ("X" BOX FOR ATTACHMENT)		RESSES) OF THE LIM	ITED LIABILITY COMPANY, IF A	PPLICABLE - BO	NOT LIST MEMBERS
Manager Name Naveed A. Yousuf, DMD			Manager Name		
Street Address 21C Shadow Brook Lane			Street Address		
Smithfield S	State RI	Zip 02917	City	State	Zip
nager Name			Manager Name		
Street Address			Street Address		
ty	state	Zip	City	State	Zip
RESIDENT AGENT IN RHODE I	SLAND			<u> </u>	
is information is currently of re	cord in the	Office of the Secretar	y of State. Changes require filir	ng Form 642.	
			Í	FIL AUG 2 BY	9 2014)82
File Date Check No By: 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 statement and that all statements contained herein are true and correct. Out Out		

Form No. 632 Revised: 01/2012