



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 132541		2. Exact name of the Corporation RY ENTERPRISES, INC.												
3. Principal Office Address 29 PLYMOUTH RD			City NORTH PROVIDENCE	State RI	Zip 02904									
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name ROBERT YEREMIAN			Vice-President Name ROBERT YEREMIAN											
Street Address 29 PLYMOUTH RD			Street Address 29 PLYMOUTH RD											
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904									
Secretary Name ROBERT YEREMIAN			Treasurer Name ROBERT YEREMIAN											
Street Address 29 PLYMOUTH RD			Street Address 29 PLYMOUTH RD											
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name ROBERT YEREMIAN			Director Name											
Street Address 29 PLYMOUTH RD			Street Address											
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
500	COMMON	NO PAR												
11. 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.														
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.														
Name of Authorized Representative ROBERT YEREMIAN			Date 2/13/17											
Signature of Authorized Representative <i>Robert Yerman</i>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov