



**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 2017**

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. <b>134211</b>		2. Exact name of the Corporation <b>YELL-O-GLOW CORPORATION</b>			
3. Principal office address <b>250 BEACHAM STREET</b>			City <b>EVERETT</b>	State <b>MASS</b>	Zip <b>02149</b>
4. Business Phone No. <b>617-394-0300</b>		5. State of Incorporation <b>MASSACHUSETTS</b>			
6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE DISTRIBUTOR OF FOOD</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>LOUIS G. MARKOS</b>			Vice-President Name <b>JOHN G. MARKOS</b>		
Street Address <b>SPILLER LANE</b>			Street Address <b>HIGH STREET</b>		
City <b>IPSWICH</b>	State <b>MASS</b>	Zip <b>01938</b>	City <b>IPSWICH</b>	State <b>MASS</b>	Zip <b>01938</b>
Secretary Name <b>GEORGE KOSHIVAS</b>			Treasurer Name <b>JOHN G MARKOS</b>		
Street Address <b>16 HEARD DRIVE</b>			Street Address <b>HIGH STREET</b>		
City <b>IPSWICH</b>	State <b>MASS</b>	Zip <b>01938</b>	City <b>IPSWICH</b>	State <b>MASS</b>	Zip <b>01938</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>GEORGE L. MARKOS</b>			Director Name <b>GEORGE J MARKOS</b>		
Street Address <b>NEWMARCH STREET</b>			Street Address <b>LONGMEADOW DRIVE</b>		
City <b>IPSWICH</b>	State <b>MASS</b>	Zip <b>01938</b>	City <b>IPSWICH</b>	State <b>MASS</b>	Zip <b>01938</b>
Director Name <b>CONSTANTINE L. MARKOS</b>			Director Name		
Street Address <b>SPILLER LANE</b>			Street Address		
City <b>IPSWICH</b>	State <b>MASS</b>	Zip <b>01938</b>	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
			900	A NVO	0
			100 COMMON	A VOT	0

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

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.

Coleen Fernandes 3/1/2017  
 Signature of Authorized Representative Date

Coleen Fernandes  
 Print or Type Name of Authorized Representative

**FILED**  
 MAR 30 2017  
 299778  
 A.A.