



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

"AMENDED"

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 APR 27 PM 12:32

1. Entity ID Number 134211		2. Exact name of the Corporation Yell-o-Glow Corporation			
3. Principal Office Address 21 Arlington Street			City Chelsea	State Mass	Zip 02150
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island Wholesale Distributor of Food			
5. State of Incorporation MASS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis G. Markos			Vice-President Name John G. Markos		
Street Address 18 Spiller Lane			Street Address 205 High St		
City Ipswich	State MA	Zip 01938	City Ipswich	State MA	Zip 01938
Secretary Name George Koshivas			Treasurer Name John G. Markos		
Street Address 16 Heand Drive			Street Address 205 High St		
City Ipswich	State MA	Zip 01938	City Ipswich	State MA	Zip 01938
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George J Markos			Director Name George J Markos		
Street Address One Longueadow Dr			Street Address One Longueadow Dr		
City Ipswich	State MA	Zip 01938	City Ipswich	State MA	Zip 01938
Director Name Constantine L. Markos			Director Name		
Street Address 18 Spiller Lane			Street Address		
City Ipswich	State MA	Zip 01938	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		900		A NVD	Ø
		100 Common		A VOT	Ø
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 Colleen Fernandes				Date 3/1/2017	
Signature of Authorized Representative Colleen Fernandes				FILED	

APR 27 2017 12:32 PM

BY KMC



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

April 27, 2017 12:32 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

