



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation

2017

"AMENDED"

2017 APR 27 PM 12:32

R.I. DEPT. OF STATE
BUS SVCS DIV

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 Distribution 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	City Ipswich	State MA
Zip 01938		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	City Ipswich	State MA
Zip 01938		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 Longueadap Dr		Street Address One Longueadap Dr	
City Ipswich	State MA	City Ipswich	State MA
Zip 01938		Zip 01938	
Director Name Constantine L. Markos		Director Name Constantine L. Markos	
Street Address 18 Spiller Lane		Street Address 18 Spiller Lane	
City Ipswich	State MA	City Ipswich	State MA
Zip 01938		Zip 01938	
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"/>	
		NUMBER OF SHARES	CLASS/SERIES
		900	A NVO
		100 Common	A VOT
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	

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BY KMC