



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

1. Entity ID Number <b>152764</b>		2. Exact name of the Corporation <b>Y &amp; S Sales &amp; Marketing, Inc.</b>			
3. Principal Office Address <b>647 Jefferson Blvd</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>454110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sales</b>				
5. State of Incorporation <b>Maine</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name <b>John Stinson</b>			Vice-President Name		
Street Address <b>647 Jefferson Blvd</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Secretary Name <b>John Stinson</b>			Treasurer Name <b>John Stinson</b>		
Street Address <b>same as above</b>			Street Address <b>same</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>1000</b>		<b>none</b>
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. <b>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.</b>					
Name of Authorized Representative <b>John Stinson</b>					Date <b>2/12/18</b>
Signature of Authorized Representative 					

SIGNATURE OF REPRESENTATIVE

FILED

FEB 20 2018

BY

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MAIL TO:

Division of Business Services

148 W River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017