



**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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2018

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>791945</u>		2. Exact name of the limited liability company <u>Yhaekberry Acres, LLC</u>			
3. Jurisdiction <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>land acquisition 531110</u>			
5. Principal office address <u>15 Schilke Dr</u>		City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	
8. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Tamara Melanson</u>			Contact Title <u>owner CEO</u>		
Street Address <u>15 Schilke Dr</u>		City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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.

Tamara Melanson 9/3/18  
 Signature of Authorized Person Date

**FILED**

Tamara Melanson  
 Print or Type Name of Authorized Person

**OCT 05 2018**

BY 145 DS