



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

FILED *mc*

FEB 15 2019

BY 67710 *02*

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 132541		2. Exact name of the Corporation RY ENTERPRISES, INC.			
3. Principal Office Address 29 PLYMOUTH ROAD			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 453920		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ROBERT YEREMIAN			Vice-President Name ROBERT YEREMIAN		
Street Address 29 PLYMOUTH ROAD			Street Address 29 PLYMOUTH ROAD		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name ROBERT YEREMIAN			Treasurer Name ROBERT YEREMIAN		
Street Address 29 PLYMOUTH ROAD			Street Address 29 PLYMOUTH ROAD		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name ROBERT YEREMIAN			Director Name		
Street Address 29 PLYMOUTH ROAD			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		COMMON	NO PAR
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 ROBERT YEREMIAN				Date 2/11/19	
Signature of Authorized Representative <i>Robert Yerman</i>					