



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

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.

FILED

FEB 26 2019

BY

29310

1. Entity ID Number 19169		2. Exact name of the Corporation YEA YEA, INC.			
3. Principal Office Address 10 JOSLIN STREET		City NORTH PROVIDENCE		State RI	Zip 02911
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island BUYING, SELLING, MORTGAGING AND LEASING OF ANY AND ALL TYPES OF REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANCIS M. MURPHY			Vice-President Name SAME		
Street Address 10 JOSLIN STREET			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FRANCIS M. MURPHY			Director Name		
Street Address SAME			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		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
		600	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 FRANCIS M. MURPHY, PRESIDENT					Date 01-31-19
Signature of Authorized Representative <i>Francis M. Murphy</i>					
SIGN DOCUMENT HERE					