



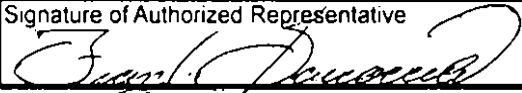
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

APR 15 2019
BY 4646-Y017 DS

| | | | | | |
|---|--|---|---|---------------------------|---------------------|
| 1. Entity ID Number 001681035 | | 2. Exact name of the Corporation YEHSO Inc. | | | |
| 3. Principal Office Address 928 Atwood Avenue | | | City Johnston | State RI | Zip 02919 |
| 4. NAICS Code 446120 | 6. Brief description of the character of business conducted in Rhode Island Bath and Body Product development, retail and wholesale sales for personal grooming products, All Law Full Purposes. | | | | |
| 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 John Paris | | | Vice-President Name Debbie Paris | | |
| Street Address 928 Atwood Avenue | | | Street Address 928 Atwood Avenue | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Secretary Name Frank R Saccoccio | | | Treasurer Name John Paris | | |
| Street Address 928 Atwood Avenue | | | Street Address 928 Atwood Avenue | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name John Paris | | | Director Name Debbie Paris | | |
| Street Address 928 Atwood Avenue | | | Street Address 928 Atwood Avenue | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Director Name Frank R. Saccoccio | | | Director Name | | |
| Street Address 928 Atwood Avenue | | | Street Address | | |
| City Johnston | State RI | Zip 02919 | 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 | | |
| | | | None | | |
| | | | | | |
| 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 Frank R. Saccoccio - Secretary | | | | Date 04.10.2019 | |
| Signature of Authorized Representative  | | | | SIGN DOCUMENT HERE | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov