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State of Rhode Island and Providence Plantations.

Department of State - Business Services Division

Annual Report for the year: 2018 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number 000798611		2. Exact name of the Limited Liability Company Yes We Van, LLC					
3. NAICS Code 485410		Brief description of the character of business conducted in Rhode Island Transportation services					
5. State of Formation							
6. Principal Office Address			City	State	Zip		
22 Shannon Way			North Dartmouth	MA	02747		
7. Mailing Address of Limited	d Liability Compa	any and Name o					
Contact Name Noel Ciminello			Contact Title Member	Contact Title Member			
Street Address 22 Shannon Way			City North Dartmouth	State MA	Zip 02747		
8. List ALL managers (name	es and addresses	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS		
Manager Name		Manager Name	Maneger Name				
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of State	. Changes require filin	g Form 642.		
Under penalty of perjury, I statements, and that all st			examined this report, including true and correct.	any accompanyin	g schedules and		
Name of Authorized Person Delora Iminello				Date 4/	Date 4/11 /19		
Signature of Authorized Per	_	On ma	IN POCUMENT HERE				
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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 MAY 1 5 2019

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