RI SOS Filing Number: 202033146470 Date: 1/21/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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 STABLE
JAN 2 1 2020 A

Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
152764		Y & S Sales & Marketing, Inc.						
3. Principal Office Address			City		State	Zip		
647 Jefferson Blvd			Warwick		RI	02886		
4 NAICS Code 5 State of Incorporation Maine	6. Brief desc Sales	Brief description of the character of business conducted in Rhode Island Sales						
7. List ALL officers (names a	nd addresses)		-	Choole the	 			
President Name John Stinson			Check the box to indicate an attachment Vice-President Name John Stinson					
Street Address 647 Jefferson Blvd			Street Address same					
City Warwick	State RI	^{Zip} 02886	City		tate	Z ₁ p		
Secretary Name John Stinson		<u>.</u>	Treasurer Name	John Stinson				
Street Address same as above			Street Address same					
City	State	Zip	City	S	itate	Zıp		
8. List ALL directors (names	and addresses)			Check the	box to ind	icate an attachment		
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name					
Street Address			Street Address					
City	State	Zıp	City	S	tate	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	s	tate	Zıp		
9. Shares Authorized	hares Authorized 10. Shares Iss		ued Check the box to indicate an attachment □					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES				
		1000			none			
11. This report must be execu-	uted on behalf of the	composition by ==	2th.ps:pod	6-4				
 This report must be executive trustee, this report must be executed. 	executed on behalf of	the comoration by	the receiver or trust	ree				
Under penalty of perjury, I	declare and affirm	that I have examin	ed this report, incl	luding any accompa	nying sch	edules and		
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date								
John Stinson		,	1/1:	3/20				
Signature of Authorized/Repr	resentatife White	SIGN FIO	CHEMNITE TRE		•	,		
7 //				" .				

MAIL TO:

Division of Bysiness Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov