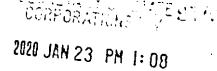
RI SOS Filing Number: 202033150620 Date: 1/23/2020 4:00:00 PM



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							
1. Entity ID Number 83215		2. Exact name of the Corporation YEVEL CO., INC.					
Principal Office Address 1455 Mineral Spring Avenue			City North Prov	idence	State RI	Zıp 02904	
4 NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island					
531110	Purchase, s	Purchase, sale and development of real estate					
5. State of Incorporation Rhode Island							
7. List ALL officers (names an	id addresses)			Che	eck the box to in	dicate an attachment 🔲	
President Name Jamie B. Leve	Vice-President Name Stuart Levey						
Street Address 50 Deborah Ro	Street Address 64 Newton Street						
City Newton	State MA	^{Zip} 02459	City Brookline		State MA	^{Z₁p} 02445	
Secretary Name Jamie B. Levey			Treasurer Name Stuart Levey				
Street Address 50 Deborah Road			Street Address 64 Newton Street				
City Newton	State MA	^{Zip} 02459	City Brookline		State MA	^{Zip} 02445	
8 List ALL directors (names a	and addresses)	· · ·			eck the box to in	idicate an attachment 🔲	
Director Name			Director Name	e			
Street Address			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 Iss	10. Shares Issued		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 FAR VALUE		
		NONE		N/A		NONE	
 This report must be executrustee, this report must be ex 	recuted on behalf of	the corporation by	the receiver or t	rustee.			
Under penalty of perjury, I o statements, and that all sta				including any ac	companying so	hedules and	
Name of Authorized Representative				Date		1.1.	
Signature of Authorized Repri	y cerry					1012020	
Signature of Authorized Repr	esentative A	SIGN DO	CUMEN FILE	D	7	ſ	
	~~ (Y > 7		1AN 9.8	2020			

Division of Business Services

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

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

FORM 630 - Revised: 10/2017