



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

Annual Report for the year: 2020
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FOR
 RECORDING
 STATE
 DEPARTMENT

1. Entity ID Number 001681035		2. Exact name of the Corporation YEHSHO 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 Products development, retail and wholesale sales for personal grooming products, All Lawful 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
			10,000	Common	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 04/14/2020	
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED		

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

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