State of Rhode Island  Department of State - Business Services Division						
Annual Report for the year:	2020					
Limited Liability Company	Number 1					

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 89159		2. Exact name of the Limited Liability Company YARLAS FAMILY, LLC					
3. NAICS Code 531390	1	Brief description of the character of business conducted in Rhode Island     TO HOLD, MANAGE, TRANSFER AND ACQUIRE REAL ESTATE					
5. State of Formation RHODE ISLAND							
6. Principal Office Address 35 FRYBROOK DRIVE			City EAST GREENWICH	State RI	Zip 02818		
7. Mailing Address of Limited	Liability Compan	iy and Name or Ti	tle of Contact Person				
Contact Name SHARON YARLAS			Contact Title MANAGING MEMBER				
Street Address 35 FRYBROOK DRIVE			City EAST GREENWICH	State RI	Zip 02818		
8. List ALL managers (name:	s and addresses)	of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS		
Manager Name SHARON YARLAS			Manager Name				
Street Address 35 FRYBROOK DRIVE			Street Address				
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
· ··-		I		heck the box to	indicate an attachment		
9. The Resident Agent inform	ation currently of	record with the R	l Department of State is accurate	. Changes requir	re filing Form 642.		
Under penalty of perjury, I o statements, and that all sta			amined this report, including an	ny accompanyin	ng schedules and		
Name of Authorized Person  SIJARCN L. YARLAS  Date  9/21/20							
Signature of Authorized Pers		<u>.                                    </u>		-			

MAIL TO:

**Division of Business Services** 

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

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

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