



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001697495

**2. Exact Name of the Limited Liability Company** YELLOW HAZEL LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531110

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

I ESTABLISHED THE LLC WITH THE INTENTION OF USING IT TO RENT MY HOME AND HAVE PROTECTION. CURRENTLY, I HAVE NOT RESOURCED USING THE LLC YET AND HOPE TO, SHOULD I RENT MY HOME, NEXT YEAR. TO DATE, I HAVE NOT GENERATE ANY INCOME UNDER THIS LLC. I HAVE ZERO INCOME TO REPORT FOR THE YEAR.

**5. Principal Office Address**

No. and Street: 207 LEXINGTON AVE  
City or Town: PROVIDENCE

State: RI Zip: 02907 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: TRACY STEEPY Contact Title: OWNER

No. and Street: 207 LEXINGTON AVE  
City or Town: PROVIDENCE

State: RI Zip: 02907 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
--------------	---	---

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

TRACY STEEPY 207 LEXINGTON AVE PROVIDENCE , RI 02907

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 5 Day of October, 2020 at 2:38:50 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TRACY STEEPY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2020 State of Rhode Island  
All Rights Reserved