



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

FILED STAMP

OCT 30 2020

BY

[Handwritten Signature]

Annual Report for the year: 2020
Limited Liability Company

- 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 000798611		2. Exact name of the Limited Liability Company Yes We Van, LLC			
3. NAICS Code 485410		4. Brief description of the character of business conducted in Rhode Island Transportation services			
5. State of Formation MA					
6. Principal Office Address 22 Shannon Way		City North Dartmouth	State MA	Zip 02747	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Noel Ciminello		Contact Title Member			
Street Address 22 Shannon Way		City North Dartmouth	State MA	Zip 02747	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Noel P. Ciminello				Date 10/19/20	
Signature of Authorized Person <i>[Handwritten Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov