Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040					
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(bcc)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020         1. ID No. 001701584         2. Exact Name of the Limited Liability Company Yugen LLC         3. State of Formation State: RI         ARTICLE II         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.         115310         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island ARBORIST         5. Principal Office Address         No. and Street:       173 WOODY HILL ROAD City or Town:       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: GARRET WARR Contact Title: No. and Street:       173 WOODY HILL City or Town:         No and Street:       173 WOODY HILL Company and Name or Title of Contact Person:         Contact Name: GARRET WARR Contact Title: No. and Street:				Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040  Limited Liability Company Annual Report  Filing Poriod: 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. 001701584  2. Exact Name of the Limited Liability Company Yugen 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. 115310  4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island ARBORIST  5. Principal Office Address No. and Street: 173 WOODY HILL ROAD City or Town: HOPE VALLEY State: RI Zip: 02832 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GARRET WARR Contact Title: No. and Street: 173 WOODY HILL City or Town: HOPE VALLEY State: RI Zip: 02832 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.					
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			Zip: <u>02832</u> Count	try: <u>USA</u>	
		-	ility Company, if Applicable	).	
Title Individual Name Address	Title	Individual Name			
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country		First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		RHODE ISI AND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>GARRET WARR</u> <u>173 WOODY HILL ROAD</u> <u>HOPE VALLEY</u>, <u>RI</u> <u>02832</u>

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

**Signed this 24 Day of December, 2020 at 11:22:04 AM 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 GARRET WARR

Signature of Authorized Person

Form No. 632 Revised 09/07

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