



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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 BUS SVCS DIV

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

1. Entity ID Number 83215		2. Exact name of the Corporation YEVEL CO., INC.			
3. Principal Office Address 1455 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Purchase, sale, and development of real estate			
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 Jamie B. Levey			Vice-President Name Stuart Levey		
Street Address 50 Deborah Road			Street Address 64 Newton Street		
City Newton	State MA	Zip 02459	City Brookline	State MA	Zip 02445
Secretary Name Jamie B. Levey			Treasurer Name Stuart Levey		
Street Address 50 Deborah Road			Street Address 64 Newton Street		
City Newton	State MA	Zip 02459	City Brookline	State MA	Zip 02445
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			NONE		N/A
			PAR VALUE		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 <i>Jamie B. Levey</i>					Date <i>1/12/2021</i>
Signature of Authorized Representative <i>Jamie B. Levey</i>					

FILED ←

JAN 26 2021

BY *Ch 4307*
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MAIL TO:
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 Website: www.sos.ri.gov