



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

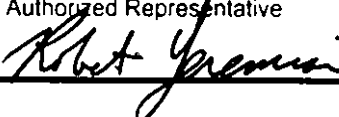
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 17 2021

9Y 71585

1. Entity ID Number 132541		2. Exact name of the Corporation RY ENTERPRISES, INC.			
3. Principal Office Address 29 PLYMOUTH ROAD		City NORTH PROVIDENCE		State RI	Zip 02904
4. NAICS Code 453920		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT YEREMIAN			Vice-President Name ROBERT YEREMIAN		
Street Address 29 PLYMOUTH ROAD			Street Address 29 PLYMOUTH ROAD		
City NORTH PROV.	State RI	Zip 02904	City NORTH PROV.	State RI	Zip 02904
Secretary Name ROBERT YEREMIAN			Treasurer Name ROBERT YEREMIAN		
Street Address 29 PLYMOUTH ROAD			Street Address 29 PLYMOUTH ROAD		
City NORTH PROV.	State RI	Zip 02904	City NORTH PROV.	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT YEREMIAN			Director Name		
Street Address 29 PLYMOUTH ROAD			Street Address		
City NORTH PROV.	State RI	Zip 02904	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		
			500	COMMON	NO PAR
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 ROBERT YEREMIAN					Date 2/8/21
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020