RI SOS Filing Number: 202194656960 Date: 3/17/2021 4:00:00 PM

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.

STAMP
MAR 17 2021
B: 425018

1. Entity ID Number	2. Exact name of the Corporation
001681035	YEHSHO Inc.

3. Principal Office Address	City	State	Zip
928 Atwood Avenue	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
446120	Bath and Body Products development, retail and wholesale sales for personal grooming products, All Lawful Purposes.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
John Paris	Debbie Paris
Street Address: 928 Atwood Avenue	Street Address: 928 Atwood Avenue
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919
Secretary Name: Frank R. Saccoccio	**Treasurer Name:** John Paris
Street Address: 928 Atwood Avenue	Street Address: 928 Atwood Avenue
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
John Paris	Debbie Parris
Street Address: 928 Atwood Avenue	Street Address: 928 Atwood Avenue
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919
Director Name: Frank R. Saccoccio	**Director Name:**
Street Address: 928 Atwood Avenue	Street Address:
City: Johnston, State: RI, Zip: 02919	City:, State:, Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	Common	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	Date
Frank R. Saccoccio	03/12/2021

Signature of Authorized Representative: Frank R. Saccoccio

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