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

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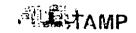
State of Rhode Island .

Department of State - Business Services Division

Annual Report for the year: 2021

→ Filing period: January 1 - March 1

Corporation



MAR 17 2021 425005

→ Filing Fee: \$50.00→ Penalty: Additional \$25.	`. .00 fee if form is no	ot filed by April 1.			3∵	425005	
Entity ID Number	2. Exact name	2. Exact name of the Corporation					
001681035	YEHSHO In	YEHSHO Inc.					
Principal Office Address			City		State	Zip	
928 Atwood Avenue			Johnston	Johnston		02919	
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island					
446120	Bath and Bo	Bath and Body Products development, retail and wholesale sales for personal grooming products, All					
5. State of Incorporation	Lawful Purp	Lawful Purposes.					
Rhode Island	·						
7 List ALL officers (names an	d addresses)	_	T		the box to ir	ndicate an attachment 🔲	
President Name John Paris	Vice-President Name Debbic Paris						
Street Address 928 Atwood Av	Street Address 928 Atwood Avenue						
City Johnston	State RI	^{Zıp} 02919	City Johnston		State RI	^{Zip} 02919	
Secretary Name Frank R. Saccoccio			4	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 a	nd addresses)		In	Check	the box to II	ndicate an attachment	
Director Name John Paris			Director Name	Debbie Parris			
Street Address 928 Atwood Av	enue		Street Address	928 Atwood Avenu	e		
City Johnston	State RI	Zip 02919	City Johnston		State RI Zip 02919		
Director Name Frank R. Saccoo	Director Name	Director Name					
Street Address 928 Atwood Avenue			Street Address	Street Address			
City Johnston	State RI	Zip ()2919	City		State	Zıp	
9. Shares Authorized 10. Shares Iss			ued Check the box to indicate an attachment ☐ SHARES CLASS/SERIES PAR VALUE				
This information is currently of record in the Department of State. Changes require an additional filling.			10,000		.	None	
		10,000	10,000		ommon None		
11. This report must be execu					oration is in t	the hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I d					nanvina s	chedules and	
statements, and that all stat	tements contained			nerading driy accom			
Name of Authorized Representative				Date			
Frank R. Saccoccio		03/12/2021					
Signature of Authorized Repre	aséntative)					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov