



State of Rhode Island

## Department of State - Business Services Division

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2021 MAR 24 P 4:33

Annual Report for the year: 2020

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

|                                                                                                                                                                                                      |       |                                                                                           |                                   |                      |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------|-----------------------------------|----------------------|--------------|
| 1. Entity ID Number<br>001690131                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br>IYWYI, LLC                              |                                   |                      |              |
| 3. NAICS Code<br>523930                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Investment |                                   |                      |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                           |                                   |                      |              |
| 6. Principal Office Address<br>130 Carr Street                                                                                                                                                       |       |                                                                                           | City<br>Providence                | State<br>RI          | Zip<br>02905 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                           |                                   |                      |              |
| Contact Name<br>Nicholas Reville                                                                                                                                                                     |       |                                                                                           | Contact Title<br>Registered Agent |                      |              |
| Street Address<br>130 Carr Street, #1                                                                                                                                                                |       |                                                                                           | City<br>Cranston                  | State<br>RI          | Zip<br>02905 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                           |                                   |                      |              |
| Manager Name                                                                                                                                                                                         |       |                                                                                           | Manager Name                      |                      |              |
| Street Address                                                                                                                                                                                       |       |                                                                                           | Street Address                    |                      |              |
| City                                                                                                                                                                                                 | State | Zip                                                                                       | City                              | State                | Zip          |
| Manager Name                                                                                                                                                                                         |       |                                                                                           | Manager Name                      |                      |              |
| Street Address                                                                                                                                                                                       |       |                                                                                           | Street Address                    |                      |              |
| City                                                                                                                                                                                                 | State | Zip                                                                                       | City                              | State                | Zip          |
| <input type="checkbox"/> Check the box to indicate an attachment                                                                                                                                     |       |                                                                                           |                                   |                      |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                  |       |                                                                                           |                                   |                      |              |
| 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 Person<br>Nicholas Reville                                                                                                                                                        |       |                                                                                           |                                   | Date<br>Mar 11, 2021 |              |
| Signature of Authorized Person<br><u>Nicholas Reville</u><br><small>Nicholas Reville (Mar 11, 2021: 09:46:15)</small>                                                                                |       |                                                                                           |                                   |                      |              |

## MAIL TO:

Division of Business Services

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FORM 632 - Revised: 08/2020