



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

OCT 1 2021

*BY AL 6988*

**Annual Report for the year: 2021**  
**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 <b>89159</b>		2. Exact name of the Limited Liability Company <b>YARLAS FAMILY, LLC</b>			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island TO HOLD, MANAGE, TRANSFER AND ACQUIRE REAL ESTATE AND INVESTMENTS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 35 FRYBROOK DRIVE		City EAST GREENWICH	State RI	Zip 02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name SHARON YARLAS			Contact Title MANAGING MAMBER		
Street Address 35 FRYBROOK DRIVE		City EAST GREENWICH	State RI	Zip 02818	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name SHARON YARLAS			Manager Name		
Street Address 35 FRYBROOK DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person SHARON L. YARLAS				Date 9/27/21	
Signature of Authorized Person <i>Sharon L. Yarlas</i>					

**MAIL TO:**  
**Division of Business Services**  
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