



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018
Limited Liability Company

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BUS SVCS DIV

2022 SEP -2 P 1:17

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>001674869</u>		2. Exact name of the Limited Liability Company <u>Y. Ortiz LLC</u>	
3. NAICS Code <u>484121</u>		4. Brief description of the character of business conducted in Rhode Island <u>subcontract for main company and Home deliveries</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>173 Glenbridge AVE</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02909</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Yohen m. Ortiz</u>		Contact Title <u>owner</u>	
Street Address <u>210 oriole AVE</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02860</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person <u>Yohen m. Ortiz</u>		Date <u>9/3/22</u>	
Signature of Authorized Person 			

FILED

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

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BY [Signature]
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