



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN 19 P 3:30

1. Entity ID Number 001684700		2. Exact name of the Corporation Yonake, Inc.			
3. Principal Office Address 230 Thayer Street			City Providence	State RI	Zip 02906
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island Ownership and operation of retail and other stores which sell smoking related products, materials, and accessories and to conduct other lawful activities			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nilesh Patel			Vice-President Name		
Street Address 91 Sidney St, STE 315			Street Address		
City Cambridge	State MA	Zip 02139	City	State	Zip
Secretary Name Ravi Patel			Treasurer Name Divyank Patel		
Street Address 95 Audubon Road, Apt. 512			Street Address 95 Audubon Road, Apt. 512		
City Wakefield	State MA	Zip 01880	City Wakefield	State MA	Zip 01880
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nilesh Patel			Director Name Divyank Patel		
Street Address 91 Sidney St, STE 315			Street Address 95 Audubon Road, Apt. 512		
City Cambridge	State MA	Zip 02139	City Wakefield	State MA	Zip 01880
Director Name Ravi Patel			Director Name		
Street Address 95 Audubon Road, Apt. 512			Street Address		
City Wakefield	State MA	Zip 01880	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASSSES
			600		common
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 Nilesh Patel				Date 01-19-2023	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JAN 19 2023
 BY **TID/PR**
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