RI SOS Filing Number: 202326299650 Date: 1/19/2023 3:31:00 PM

Annual Corpora → Filing → Pena
1. Entity (0.000)
3. Principa 230 Th
4. NAICS 45399
5. State o
7. List ALI President N
Street Addr
City Carr Secretary N

State of Rhode Island

Department of State - Business Services Division

RECEIVED Report for the year: 2022 R.I. DEPT. OF STATE CUS SVCS DIV ation

g period: February 1 - May 1

g Fee: \$50.00

alty: Additional \$25.00 fee if form is not filed by May 31

2023 JAN 19 P 3: 30

Entity ID Number	2 Synct name	2. Exact name of the Corporation					
001684700	Yonake,	· ·	1				
	TUHANE,	mc.				T	
3. Principal Office Address 230 Thayer Street			Providen	ice	State RI	^{Zip} 02906	
4. NAICS Code	6. Brief descrip	tion of the charact	ter of business c	conducted in Rhode Is	sland	<u></u>	
453991	Ownership	and operatio	n of retail ar	nd other stores v	which sel	ll smoking related	
5. State of Incorporation RI		products, materials, and accessories and to conduct other lawful activities					
7. List ALL officers (names ar				Check the box to indicate an attachment			
President Name Nilesh Pat			Vice-Presiden	nt Name	_		
Street Address 91 Sidney S		Street Address					
^{City} Cambridge	State MA	^{Zip} 02139	City		State	Zip	
	Secretary Name Ravi Patel			Treasurer Name Divyank Patel			
Street Address 95 Audubor	Street Address 95 Audubon Road, Apt. 512			Street Address 95 Audubon Road, Apt. 512			
^{City} Wakefield	State MA	^{Zip} 01880	^{City} Wakefield		State MA	A Zip 01880	
8. List ALL directors (names a	and addresses)		······································	Check	the box to it	ndicate an attachment 🗆	
Director Name Nilesh Pate			Director Name	Divyank Patel			
Stree: Address 91 Sidney S			Street Address	s 95 Audubon Re	oad, Apt.	512	
^{City} Cambridge	State MA	^{Zip} 02139		^{City} Wakefield		A ^{Zip} 01880	
Director Name Ravi Patel	Director Name Ravi Patel			Director Name			
Street Address 95 Audubor			Street Address	Stree: Address			
^{City} Wakefield	State MA	^{Zip} 01880	City		State	Zip	
9. Shares Authorized		10. Shares Issu		Check ctAssistrics		ndicate an attachment 🔲	
This information is currently of record in the Department of State.		600	600		5	without par value	
Changes require an additional	filing.		=17-70				
11. This report must be execu	uted on behalf of the c	orporation by an a	uthorized repres	sentative. If the corpc	oration is in t	the hands of a receiver or	
trustee, this report must be ex	executed on behalf of the	he corporation by t	the receiver or tr	rustee.			
Under penalty of perjury, I o statements, and that all sta	deciare and anirm in itements contained t	at I have examine nerein are true an	≇d this report, i d correct.	including any accom	npanying se	chedules and	
Name of Authorized Represe		Date					
Nilesh Patel		01-19-2023					
Signature of Authorized Repr	esentative		FILED				
Jan		. •	6 0000				

MAIL TO:

Division of Business Services

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

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

FCRM 630 - Revised: 11/2021