RI SOS Filing Number: 202330145860 Date: 3/6/2023 4:00:00 PM

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tate of Rhode Island

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

epartment of State - Business Services Division

Annual Report for the year: 1 2023 Corporation

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FILED

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→ Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number		Exact name of the Corporation						
000941913	D.G. Yu	D.G. Yuengling & Son, Inc.						
3. Principal Office Address			City		State	Zip		
310 Mill Creek Avenue			Pottsville		PA	17901		
4. NAICS Code	6. Brief desc	cription of the charac	ter of business co	onducted in Rhode Isl	land			
312120	Distribut	Distribution of beer						
5. State of Incorporation								
PA								
7. List ALL officers (names a	and addresses)		Tigo Prosident		he box to	ndicate an attachment		
President Name Richard L Yuengling, Jr.			Vice-President Name					
Street Address 310 Mill Creek Avenue			Street Address					
City Pottsville	State PA	^{Zip} 17901	City		State	Zip		
Jennifer L. Yuengling			Treasurer Name Wendy L. Yuengling Baker					
Street Address 310 Mill Creek Avenue			Street Address 310 Mill Creek Avenue					
City Pottsville	State PA	^{Zip} 17901	City Pottsvi	ille	State P	A Zip 17901		
8. List ALL directors (names	and addresses)			Check t	he box to	indicate an attachment		
Director Name			Director Name					
Street Address			Street Address			·····		
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
9. Shares Authorized		10. Shares Iss		Check t	he box to i	I indicate an attachment		
Department of State		NUMBER OF						
Changes require an additional filing.		190	190		Voting Stock			
		1,710			Non-Voting \$			
11. This report must be executive to the					ation is in	the hands of a receiver		
trustee, this report must be Under penalty of perjury, I statements, and that all st	declare and affirm	that I have examin	ed this report, ir		panying s	chedules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date			
Wendy Yuengling Baker				3/1/2023				
Signature of Authorized Rep	resentative				1			
	M-		<u> </u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 22223040

Website: www.sos.ri.gov