RI SOS Filing Number: 202335434770 Date: 5/9/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

MAY 0 9 2023 376

Annual Report for the year: 2023 **Limited Liability Company**

-> 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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1. Entity ID Number 001711066	2. Exact name of the Limited Liability Company YAY Concierge LLC				
3. NAICS Code 454390	Brief description of the character of business conducted in Rhode Island virtual events concierge				
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
19 Norwood Rd		North Smithfield	RI	02896	
7. Mailing Address of Limite	d Liability Company and Name or Tit	tle of Contact Person	.	,	
Contact Name Damaris M	lessina	Contact Title Member			
Street Address 19 Norwood Rd		City North Smithfeld	State RI	^{Zip} 02896	
8. The Resident Agent infor	mation currently of record with the R	Department of State is accurate	. Changes require	a filing Form 642.	
	l declare and affirm that I have exa latements contained herein are tru		y accompanyin	g schedules and	
Name of Authorized Person			Date	1	
Damaris Messina	2	3/25/23			
Signature of Authorized Per	son M				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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