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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 7073 **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	2. Exact name of the Limited Liability Company				
001721479	Yelloranda LLC				
3. NAICS Code 5. State of Formation Rhode Taland	4. Brief description of the character of business conducted in Rhode Island Velbrands is a survey company withou murity cacted approach to unding alweling impact in the world. We curate compelling murkeling creatives that dooply resounce with targeted and out				
6. Principal Office Address 371 Putroum Pike STE 230		Swith isld	State RT	Zip ODC17	
7. Mailing Address of Limited Lia	bility Company and Name o	or Title of Contact Person			
Contact Name		Contact Title	Contact Title		
Samuel C. Manfred		Owner	Owner		
Street Address 103 Branch Ava		Cumb Boland	State	02864	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. Under penalty of perjury, I o statements, and that all staten		eve examined this report, including true and correct.	any accompany	ring schedules and	
Name of Authorized Person Source (. Man	See d		Date 9/12/2023		
Signature of Authorized Person		•			

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MAIL TO:

Division of Business Services

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