

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

Annual Report for the year: Limited Liability Company

2024

FEB 1 5 2024 D

7535

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
89159	YARLAS FAMILY, LLC			
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island TO HOLD, MANAGE, TRANSFER AND ACQUIRE REAL ESTATE AND INVESTMENTS			
5. State of Formation RHODE ISLAND				
6. Principal Office Address	<u> </u>	City	State	Zip
35 FRYBROOK DRIVE		EAST GREENWICH	RI	02818
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		<del>.</del>
Contact Name SHARON YARLAS		Contact Title MANAGING MEMBER		
Street Address 35 FRYBROOK DRIVE		City EAST GREENWICH	State RI	<sup>Zip</sup> 02818
8. The Resident Agent information	on currently of record with the RI I	Department of State is accurate. C	hanges require	filing Form 642.
9. Under penalty of perjury, I distance statements, and that all statements.	leclare and affirm that I have ex nents contained herein are true	amined this report, including an and correct.	y accompanyi	ing schedules and
Name of Authorized Person			Date	
SHARON L YARLAS			2/10/24	
Signature of Authorized Person  Man Dun	les			

**Division of Business Services** 

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

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