



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 20 2024

BY Sigal
00Annual Report for the year: 2024
Corporation

→ 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 32999		2. Exact name of the Corporation Yankee Fiber Control, Inc.												
3. Principal Office Address 50 Industrial Way			City Seekonk	State MA	Zip 02771									
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Asbestos abatement and lead abatement contractor.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name James A. Hutzler			Vice-President Name Ronald A. Gagnon, Jr.											
Street Address 50 Industrial Way			Street Address 50 Industrial Way											
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771									
Secretary Name James A. Hutzler			Treasurer Name James A. Hutzler											
Street Address 50 Industrial Way			Street Address 50 Industrial Way											
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None.			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/RIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/RIES	PAR VALUE	100	Common	\$.01			
			NUMBER OF SHARES	CLASS/RIES	PAR VALUE									
100	Common	\$.01												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.														
Name of Authorized Representative James A. Hutzler, President				Date 2/7/23										
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021