RI SOS Filing Number: 202449121320 Date: 3/18/2024 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual 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.

FILED STANDO MAR 1 8 2021
BY 110

Penalty. Additional \$2							
Entity ID Number		2. Exact name of the Corporation					
152764	Y & S S	Y & S Sales & Marketing, Inc.					
3. Principal Office Address	· · · · · · · · · · · · · · · · · · ·		City		State	Zip	
647 Jefferson Blvd			Warwick		RI	02886	
5. State of Incorporation Maine	6. Brief desci	ription of the charact	ter of business con	ducted in Rhode Isla	nd		
7. List ALL officers (names a	and addresses)			Check the	box to indic	cate an attachment	
President Name John Stinson			Vice-President Name John Stinson				
Street Address 647 Jefferson Blvd			Street Address same				
^{City} Warwick	State RI	^{Zıp} 02886	City		State	Zip	
Secretary Name John Stinson			Treasurer Name John Stinson				
Street Address same as above			Street Address same				
City	State	Zíp	City		State	Zip	
8. List ALL directors (names	and addresses)			Check the	e box to indi	cate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name		I	Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9. Shares Authorized		10. Shares Iss	ued	Check the	e box to indi	cate an attachment	
This information is currently of record in the		NUMBER OF	SHARES	CLASS/SFRIES	CLASS/SFRIES PAR VALUE		
Department of State. Changes require an additional filing.		1000			'	none	
11. This report must be exec	cuted on behalf of the	corporation by an a	authorized represer	tative. If the corpora	tion is in the	hands of a receiver or	
trustee, this report must be during the Under penalty of perjury,	declare and affirm	that I have examin	ed this report, inc	luding any accomp	anying sch	edules and •	
statements, and that all st Name of Authorized Repres		i naram ara u <u>ua an</u>	u con ecc.	-	Date /		
John Stinson / 3/2/24							
Signature of Authorized Rec	luxas						
MAIL TO:							

Division of Basiness Services

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

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