RI SOS Filing Number: 202452424740 Date: 4/23/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

APR 2 3 2024

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→ 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				
001711066	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 Road		North Smithfield	RI	02896	
7. Mailing Address of Limite	ed Liability Company and Name of	or Title of Contact Person	<u> </u>	<u> </u>	
Contact Name Damaris Messina		Contact Title Member			
Street Address 19 Norwoo	od Road	City North Smithfield	State RI	^{Zip} 02896	
8. The Resident Agent infor	mation currently of record with th	ne RI Department of State is accurate	Changes require	e filing Form 642.	
	y, I declare and affirm that I ha tatements contained herein are	ve examined this report, including e true and correct.	any accompany	ing schedules and	
Name of Authorized Person	Date				
Damaris Messina	4/15/24				
Signature of Author zed Per	Samasis R.	Sui			

MAIL TO:

Division of Business Services

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

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