



State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 23 2024

BY

439031

1. Entity ID Number 000019169		2. Exact name of the Corporation Yea Yea, Inc.			
3. Principal Office Address 10 Joslin Street		City North Providence		State RI	Zip 02911
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Buying, selling, mortgage and leasing of any and all real estate types of real estate				
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 Francis M. Murphy		Vice-President Name Francis M. Murphy			
Street Address 35 Salem Drive		Street Address SAME			
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name Michelle Murphy		Treasurer Name Michelle Murphy			
Street Address SAME		Street Address SAME			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Francis M. Murphy		Director Name			
Street Address SAME		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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 600	CLASS/SERIES Common	PAR VALUE No Par	
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 Francis M. Murphy				Date 4-7-2024	
Signature of Authorized Representative <i>Francis M. Murphy</i>					

MAIL TO:

Division of Business Services
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