



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

APR 23 2024

Corporation

BY Y39031

- 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 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 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.		NUMBER OF SHARES		CLASS/SERIES	
		600		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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov