



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. ID No.** 001721479

**2. Exact Name of the Limited Liability Company** Yelbrands LLC

**3. State of Formation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541921

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

WE'RE ALL ABOUT CRAFTING MARKETING CREATIVES THAT TRULY CONNECT WITH AUDIENCES AND LEAVE A LASTING IMPACT. OUR TEAM IS DEDICATED TO EMPOWERING PEOPLE TO EXPLORE THEIR CREATIVITY IN THE KITCHEN, PROVIDING THE TOOLS AND INSPIRATION FOR CULINARY ADVENTURES THROUGH OUR RECIPES, COOKBOOKS, AND COOKING CLASSES.

AT THE CORE OF OUR BUSINESS IS A COMMITMENT TO SPREADING POSITIVITY AND INSPIRING OTHERS TO MAKE A DIFFERENCE IN THE WORLD. WE BELIEVE IN THE POWER

OF EMBRACING ADVENTURE AND PURSUING OUR PASSIONS TO CREATE A  
RIPPLE EFFECT OF  
POSITIVE CHANGE.

**5. Principal Office Address**

No. and Street: 371 PUTNAM PIKE  
SUITE 230  
City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title: CEO  
No. and Street: 103 BRANCH AVENUE  
City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SAMUEL C. MANFRED 371 PUTNAM PIKE, SUITE 230 SMITHFIELD , RI 02917

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 15 Day of July, 2024 at 3:30:46 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SAMUEL C MANFRED  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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