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## State of Rhode Island Department of State - Business Services Division

2025 JAN 17 AM 10: 33

Annual Report for the year: 2024 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 2025 FEB 20 P 2: 40

Entity ID Number	2. Exact name of the Limited Lia	bility Company		
1692037	Yellham Court	Hotel Managem	ert.	<u>, W</u>
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110	Reporty Manageme	nd Combanh abac	stiens a	hetelin
5. State of Formation	(1)			
Rhode Island	Resiport K.I.			
6. Principal Office Address	<del></del>	City	State	Zip
14 Pelham St		Newport	RI	92840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
James T. Holm		Cwner		
Street Address		City	State	Zip
14 Pelliam St		Marport	RI	02840
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person			Date	
Tomes Huhn			1-15-23	
Signature of Authorized Person				
LALA				

RECEIVED R.L. DEPT. OF ST. BUS SYCS D.

**FILED** 

MAR 0 3 2025

BY 64-518

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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