

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025 **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 31.

1. Entity ID Number 001 725 546	2. Exact name of the Limited Liab Young Selfo	oility Company		
3. NAICS Code 531120 5. State of Formation	4. Brief description of the character Roul Is Yate		Rhode Island	
Massachusetts 6. Principal Office Address SY 51	<u> </u>	City	State MA	Zip O2025
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title				
Street Address 4 Slm JT.		City Cohessed	StateMA	2ip 02005
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 Tomes J. Norton Jr			Date 2/18/55	
Signature of Authorized Person				

MAIL TO:

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

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

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