RI SOS Filing Number: 202567430580 Date: 3/18/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

| 25,20 | | |
|--------------|-------|--|
| CD 21305 850 | STAMP | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|--|----------------------------------|-------------|-------|--|--|
| 001762600 | YET Multiservice LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the charac | ter of business conducted in Rho | de Island | | | |
| 812990 | Smoke shop | | | | | |
| 5. State of Formation | Smoking sufflies Multiseries | S··· | | • | | |
| Khade Island | Prone Bill Paid | , , | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 714 aluells | we | Providence | RI | 02909 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | Contact Title | | | | | |
| Inel Corrasc | Ò | President | | | | |
| Street Address | | City | State | Zip | | |
| 714 atuell are | | Trovidence | RT_ | 02909 | | |
| 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 , | | | |
| Joel Carrasco | | | 3/18/2025 | | | |
| Signature of Authorized Person | | | | | | |
| Jan (quales | | | | | | |

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

MAP 1.8 2025

AA. 3'29 Pm.