

## 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001762600	YEJ Multiservice LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812990	Smoke shop				
5. State of Formation	Smoking sufflies Multiseries				
Khade Island	Prone Bill Paud	, . ·			
6. Principal Office Address		City	State	Zip	
714 aluells are		Providence	RI	02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Inel Corrasc	·O	President			
Street Address		City	State	Zip	
714 atuell are		Providence	<u> </u>	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					
Jail (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

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