RI SOS Filing Number: 202568780260 Date: 3/31/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year	: 2025
Corporation	

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

_				
Penalty:	Additional \$25	5.00 fee if forn	n is not filed b	ov May 31.

1. Entity ID Number	Entity ID Number 2. Exact name of the Corporation								
000941913	D.G. Yuengling & Son, Inc.								
3. Principal Office Address			City		State		Zip		
310 Mill Creek Avenue			Pottsvi	lle	PA		17901		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island								
312120	Distribution of beer								
5. State of Incorporation	1								
PA									
7. List ALL officers (names and add	lresses)		· ·	Check the box	x to indi	cate an atta	achment 🗆		
President Name Richard L. Yue	resident Name Richard L. Yuengling, Jr.			Vice-President Name					
Street Address 310 Mill Creek Avenue			Street Address						
^{City} Pottsville	State PA	^{Zip} 17901	City		State		Zip		
Secretary Name Jennifer L. Yue	engling Treasurer Name Wendy L. Yu			^{lame} Wendy L. Yuei	uengling Baker				
Street Address 310 Mill Creek Avenue			Street Address 310 Mill Creek Avenue						
City Pottsville	State PA	^{Zip} 17901	^{City} Pottsville		State PA		^{Zip} 17901		
8. List ALL directors (names and ad	ldresses)	1	1	Check the bo			1		
				Director Name					
Street Address		Street Address							
City	State	Zip	City		State		Zip		
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized					box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		Voting Stock		\$100/Share			
Changes require an additional filing.		1,710		Non-Voting	\$0/Share		re		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-									
ceiver or trustee, this report must be						. a a b a ali da			
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 Representative					Date				
Wendy Yuengling Baker					3/25/2025				
Signature of Authorized Representa	ative								

MAIL TQ:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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