RI SOS Filing Number: 202570780940 Date: 4/16/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

FILED

APR 16 2025

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Fling Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

(PB)	BY_	0029
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1. Entity : D Number	13 Eyest name of the Limited Li	ation. Openanii				
· '	1	2 Exact name of the Limited Liability Company				
001711066	YAY Concierge LLC					
3. NAICS Code	4. Brief description of the chara	4. Brief description of the character of business conducted in Rhode Island				
454390	virtual events concierge					
5. State of Formation	7					
Rhode Island						
6. Principal Office Address	<u> </u>	City	State	Zip		
19 Norwood Road		North Smithfield	RI	02896		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Damaris Messina		Contact Tit e Member				
Street Address 19 Norwood Road		C.ty North Smithfield	State RI	^{Zıp} 02896		
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	11/		
Damaris Messina			4/1	1/25		
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