



State of Rhode Island
Department of State - Business Services Division

FILED

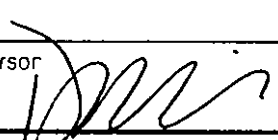
APR 16 2025

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.

OB

BY 0029

1. Entity ID Number 001711066		2. Exact name of the Limited Liability Company YAY Concierge LLC		
3. NAICS Code 454390		4. Brief description of the character of business conducted in Rhode Island virtual events concierge		
5. State of Formation Rhode Island				
6. Principal Office Address 19 Norwood Road		City North Smithfield	State RI	Zip 02896
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Damaris Messina		Contact Title Member		
Street Address 19 Norwood Road		City North Smithfield	State RI	Zip 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 Damaris Messina			Date 4/11/25	
Signature of Authorized Person 				

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov