

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

2025

**FILED** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 001715633	2. Exact name of the Limited Liability Company YAMS LLC				
3. NAICS Code	4. Brief description of the cha	4. Brief description of the character of business conducted in Rhode Island			
531110	Purchase of homes a	Purchase of homes and real estate for the purchase of rebuilding them,			
5. State of Formation	renovating them, mai	renovating them, maintaining and renting of the properties and selling and all			
RI	other legally related s	other legally related services			
6. Principal Office Address		City	State	Zip	
315-317 Bullocks Point Avenue		East Providence	RI	02915	
7. Mailing Address of Limite	ed Liability Company and Name or 1	Title of Contact Person	<u> </u>		
Contact Name		Contact Title			
Erik M. Peters		Member			
Street Address 315-317 Bullocks Point Avenue		City East Providence	State RI	<sup>Zip</sup> 02915	
8. The Resident Agent info	rmation currently of record with the	RI Department of State is accurate	Changes require	e filing Form 642.	
	ry, I declare and affirm that I have tatements contained herein are t	examined this report, including a rue and correct.	any accompany	ing schedules and	
Name of Authorized Person			Date		
Name of Authorized Persor					

MAIL TO:

Division of Business Services

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