RI SOS Filing Number: 202571707270 Date: 4/25/2025 4:00:00 PM

State of Rhode Island						FILED			
Department of State - Business Services Division					APR 2 5 2025 VIP				
Annual Report for the year: 2025 Corporation					152125				
→ Filing period: February 1 - May 1									
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe		led by May 31							
Entity ID Number	2. Exact name of the Corporation								
001676872	Young & Associates, Inc.								
3. Principal Office Address				a la a 4	State Zip				
386 Tourtellot Hill Road			Chepa		RI		02814		
4. NAICS Code 541211	Brief description of the character of business conducted in Rhode Island Consulting services.								
5. State of Incorporation	Conducting Continues.								
RI	į								
7. List ALL officers (names and add	st ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name William L. Young Jr.				Vice-President Name					
Street Address 386 Tourtellot Hill Rd.			Street Addi	Street Address					
^{City} Chepachet		^{Zip} 02814	City	·····	State		Žip		
Secretary Name William L. Young Jr.			Treasurer Name William L. Young Jr.						
Street Address 386 Tourtellot Hill Rd.				Street Address 386 Tourtellot Hill Rd.					
Chepachet	State RI Zip 02814		City Chepachet		State	State RI Zip 02			
List ALL directors (names and addresses) Director Name					box to indi	cate an att	achment 🗆		
vvilliam L. Young Jr.				Director Name					
Street Address 386 Tourtellot Hill Rd.			Street Address						
City Chepachet	State RI	^{Zıp} 02814	City		State	State Zip			
Director Name		1	Director Na	Director Name					
Street Address			Street Address						
City	State	Zıp	City	 	State	<u> </u>	Zip		
9. Shares Authorized	<u> </u>	10. Shares Issu				licate an at			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SER	IES	PAR VALUE			
Changes require an additional filing.		100		Common		3 .01			
					<u> </u>				
 This report must be executed or ceiver or trustee, this report must be 	e executed on ber	nalf of the corpora	ation by the	receiver or trustee.					
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				
William L. Young Jr.					L	1/8/2	3		
Signature of Authorized Representative Matter:									

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri gov