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 $25.00 fee if form is not filed by May 31.

FILED
APR 25 2025 VIP
BY 153165

1. Entity ID Number	2. Exact name of the Corporation		
001676872	Young & Associates, Inc.		
3. Principal Office Address	City	State	Zip
386 Tourtellot Hill Road	Chepachet	RI	02814
4. NAICS Code: 541211	6. Brief description of the character of business conducted in Rhode Island: Consulting services.		
5. State of Incorporation: RI			

7. List 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 Address		
City: Chepachet	State: RI	Zip: 02814	City	State	Zip
Secretary Name: William L. Young Jr.			Treasurer Name: William L. Young Jr.		
Street Address: 386 Tourtellot Hill Rd.			Street Address: 386 Tourtellot Hill Rd.		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: William L. Young Jr.			Director Name		
Street Address: 386 Tourtellot Hill Rd.			Street Address		
City: Chepachet	State: RI	Zip: 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	$.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation 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.	4/8/25
Signature of Authorized Representative: William L. Young Jr.	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023