



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024**Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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STAMP

1. Entity ID Number 001681734		2. Exact name of the Corporation Yellow Labs Incorporated	
3. Principal Office Address 126 Riverview Avenue		City Middletown	State RI
		Zip 02842	
4. NAICS Code 325411	6. Brief description of the character of business conducted in Rhode Island Yellow Labs Inc. keeps an administrative office in RI. Our production, distribution and compliance management is done by licensee partners.		
5. State of Incorporation DE			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ander C. Wensberg		Vice-President Name	
Street Address 126 Riverview Avenue		Street Address	
City Middletown	State RI	Zip 02842	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ander C. Wensberg		Director Name Elizabeth B. Wensberg	
Street Address 126 Riverview Avenue		Street Address 126 Riverview Avenue	
City Middletown	State RI	Zip 02842	
Director Name Mark Menard		Director Name	
Street Address 22 Long Plain Road		Street Address	
City Mattapoisett	State MA	Zip 02739	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 2,000,000	CLASS/SERIES CWP
		PAR VALUE .0001	
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. FILED			
Name of Authorized Representative Ander C. Wensberg		Date 4.15.25	
Signature of Authorized Representative <i>[Signature]</i>		JUN 30 2025 <i>[Signature]</i>	

MAIL TO:**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov