



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 13985 2. Name of Corporation York Construction, Inc.

3. Street Address Principal Business Office 40 Dunns Corners Road City Westerly State RI Zip 02891

4. Business Phone No. 401 322-0026 5. State of Incorporation Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
General Business and General Building Business

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Fred York Vice President Name Diane York

Street Address 40 Dunns Corners Road Street Address 40 Dunns Corners Road

City Westerly State RI Zip 02891 City Westerly State RI Zip 02891

Secretary Name Diane York Treasurer Name Diane York

Street Address 40 Dunns Corners Road Street Address 40 Dunns Corners Road

City Westerly State RI Zip 02891 City Westerly State RI Zip 02891

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Fred York Director Name Diane York

Street Address 40 Dunns Corners Road Street Address 40 Dunns Corners Road

City Westerly State RI Zip 02891 City Westerly State RI Zip 02891

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

FILED

File Date FEB 18 2011
Check No. By *[Signature]*
By 2216
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2/15/2011
Signature Date
Fred York
Print or Type Name
President
Title