

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nar	ne of the Corporation			· · · · · · · · · · · · · · · · · · ·					
13985	YORK	YORK CONSTRUCTION, INC.								
3. Principal office address 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 General Business		s conducted in Rhode Islan	d .							
7. LISTALL OFFICERS	(NAMES AND ADDE	ESSESY (XV BOX FOR A	TTÄCHMENT)		·					
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 State RI		Zip 02891					
8. LIST <u>ALL</u> DIRECTOR	RS (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		# 4 A4					
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 02391 99					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZI	o de la companya de l	3.37 16.679	10. SHARES ISSUE	"X" BOX FOR ATTAC	IMENT)					
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			100	common	No Par					
This report must be exe	cuted on behalf of the	corporation by an authorize	d representative. If the	 corporation is in the hand:	s of a receiver or trustee,					

this report must be executed on behalf of the corporation by the receiver or trustee.

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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 of Authorized Representative

Fred York

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012