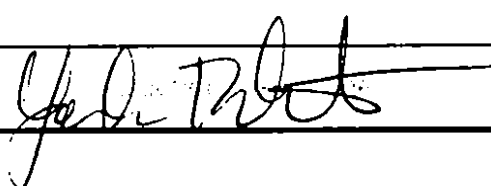




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 314349		2. Exact name of the Corporation Yankee Clippers, Inc.				
3. Principal Office Address 119 Trout Brook Lane			City Hope	State RI	Zip 02831	
4. NAICS Code 313220		6. Brief description of the character of business conducted in Rhode Island Cutting of laces				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name York Roberts			Vice-President Name			
Street Address 119 Trout Brook Lane			Street Address			
City Hope	State RI	Zip 02831	City	State	Zip	
Secretary Name York Roberts			Treasurer Name			
Street Address 119 Trout Brook Lane			Street Address			
City Hope	State RI	Zip 02831	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name York Roberts			Director Name			
Street Address 119 Trout Brook Lane			Street Address			
City Hope	State RI	Zip 02831	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 <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		100		Common	No Par Value	
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 York Roberts					Date 1/16/18	
Signature of Authorized Representative 						

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

FILED

JAN 22 2018

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