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.

FILED
FEB 16 2018
BY 3524

1. Entity ID Number	2. Exact name of the Corporation
62781	YORK GARDENS PARTNERSHIP, LTD.

3. Principal Office Address	City	State	Zip
c/o John J. Finan, Jr., Esq., 24 Spring Street	Pawtucket	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	Purchasing, improving, selling of buildings to promote the interest of the corporation or to enhance the value of its properties.
5. State of Incorporation	
RHODE ISLAND	

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

President Name: John J. Finan, Jr.			Vice-President Name: John J. Finan, Jr.		
Street Address: Louise F. Luther Drive			Street Address: Louise F. Luther Drive		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: John J. Finan, Jr.			Treasurer Name: John J. Finan, Jr.		
Street Address: Louise F. Luther Drive			Street Address: Louise F. Luther Drive		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

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

Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	600 SHS.	COMMON	NO PAR

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
John J. Finan, Jr., President	Feb 10, 2018

Signature of Authorized Representative: John J. Finan Jr. SIGNATURE President

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: 10/2017