



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

Annual Report for the year: **2019**
 Corporation

519

- 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 62781 | | 2. Exact name of the Corporation YORK GARDENS PARTNERSHIP, LTD. | | | |
| 3. Principal Office Address c/o John J. Finan, Jr., Esq., 24 Spring Street | | City Pawtucket | State RI | Zip 02860 | |
| 4. NAICS Code 531110 | 6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 <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 |
| | | | 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 John J. Finan, Jr., President | | | | Date 9-11-19 | |
| Signature of Authorized Representative <i>John J. Finan Jr.</i> | | | | | |

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

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