



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

Annual Report for the year: 2020
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

STAMP
 JAN 13 2020

BY 6991

1. Entity ID Number 19098		2. Exact name of the Corporation Yankee Development, Corp.			
3. Principal Office Address Christie's Landing			City Newport	State RI	Zip 02840
4 NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island General Real Estate			
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 Thomas C. Glassie			Vice-President Name		
Street Address Christie's Landing			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Brian G. Bardorf			Treasurer Name Paul Doucette		
Street Address 36 Washington Square			Street Address Christie's Landing		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
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 <i>Brian G. Bardorf, Secy</i>					Date <i>1/17/20</i>
Signature of Authorized Representative <i>Brian G. Bardorf</i>					

MAIL TO:
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 Website: www.sos.ri.gov