

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## FILED

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JAN 1 3 2020 AMP

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

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1. Entity ID Number		2. Exact name of the Corporation					
19098	Yankee l	Yankee Development, Corp.					
Principal Office Address			City		State	Zıp	
Christie's Landing			Newport		RI	02840	
4 NAICS Code	6. Brief desc	ription of the charac	cter of business of	conducted in Rhode Is	sland	1	
531390	General Re	General Real Estate					
5 State of Incorporation							
Rhode Island							
	nd addresses)			Chook	the hov to :	ndicate an attachment T	
7. List ALL officers (names and addresses)  President Name Thomas C. Classic			Check the box to indicate an attachment  Vice-President Name				
Tiloliida C. Grassie							
Street Address Christie's Land	Street Address						
City Newport	State RI	<sup>Zip</sup> 02840	City		State	Ζιρ	
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 R1	<sup>Zip</sup> 02840	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment				
Director Name			Director Name	e			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Addres	s			
City	State	Zip	City		State	Zip	
					<u> </u>		
9. Shares Authorized	10 Shares Iss						
This information is currently of record in the Department of State.		282	OF SHARES	COMMON		\$1.00	
Changes require an additional fillng.					-	<b>\$1.00</b>	
	'9'						
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	sentative. If the corpo	ration is in	the hands of a receiver or	
trustee, this report must be ex	xecuted on behalf o	f the corporation by	the receiver or t	rustee.		obodular and	
Under penalty of perjury, I o statements, and that all sta				meluding any accon	npanying s	unequies and	
Name of Authorized Representative			Date Date				
~	n Co	1991	any			11/40	
Signature of Authorized Repr	esentative	N DS	د م CLIMENT HERE			/	
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MAIL TO:				-X-			
Division of Business Services				( '			

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