



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2017

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS. S. DIV.

2020 SEP 22 PM 12:26

1. Entity ID Number 000052185		2. Exact name of the Corporation YORKSHIRE PROPERTIES INC.			
3. Principal Office Address 61 GOLOSKIE ROAD		City CHEPACHET		State RI	Zip 02814
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RICHARD R. O'KEEFE			Vice-President Name		
Street Address 61 GOLOSKIE ROAD			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Secretary Name RICHARD R. O'KEEFE			Treasurer Name		
Street Address 61 GOLOSKIE ROAD			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name RICHARD R. O'KEEFE			Director Name		
Street Address 61 GOLOSKIE ROAD			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		100	A	0	
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. <b>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.</b>					
Name of Authorized Representative RICHARD R. O'KEEFE				Date 09/18/2020	
Signature of Authorized Representative 					

FILED

SEP 22 2020

BY C9V85  
A.A. 12:31 PMMAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 530 - Revised: 03/2020