RI SOS Fi State of Rhode Island Department of	•			2/2020 12:29	9:00 PM	 ,	
Annual Report for the							
Corporation	year: 2014						
 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25. 		ot filed by April 1.					
1. Entity ID Number		2. Exact name of the Corporation YORKSHIRE PROPERTIES INC.					
000052185	YORKSHIR	E PROPERTIES IN	IC.				
3. Principal Office Address			City		State	Zip	
61 GOLOSKIE ROAD			СНЕРАСНЕТ		RI	02814	
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island					
531390	REAL ESTA	REAL ESTATE DEVELOPMENT					
5. State of Incorporation		202 2 2					
RHODE ISLAND		22 3.7					
7. List ALL officers (names and	1 addresses)		· · · · ·	Ch	eck the box to indic	ate in attachment	
President Name RICHARD R. O'KEEFE			Vice-President Name				
Street Address 61 GOLOSKIE ROAD			Street Address				
City CHEPACHET	State RI	Zip 02814	City		State	Di Zigi A	
Secretary Name RICHARD R. O'KEEFE			Treasurer Nan	Treasurer Name			
Street Address 61 GOLOSKIE ROAD			Street Address	Street Address			
City CHEPACHET	State RI	Zip ()2814	City	<u> </u>	State	Zip	
8. List ALL directors (names a	nd addresses)				neck the box to indi	cate an attachment 🔲	
Director Name RICHARD R. O'KEEFE			Director Name	Director Name			
Street Address 61 GOLOSKIE ROAD			Street Addres	Street Address			
Crity CHEPACHET	State RI	Zip 02814	City	Crty		Zip	
Director Name	· · · · · ·		Director Name	e			
Street Address	Street Addres	Street Address					
City	State	Zip	City	City		Zip	
9. Shares Authorized		10. Shares Is	sued			cate an attachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		A 0		
						<u></u>	
11. This report must be execu	ted on behalf of the	corporation by an	authorized repre	sentative. If the o	corporation is in the	hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I d	leclare and affirm	that I have exami	ned this report,	rustee. including any a	ccompanying sch	edules and	
statements, and that all state Name of Authorized Represer		i herein are true a	nd correct.		Date	<u>.</u>	
RICHARD R. O'KEEFE					09/18/2020)	
Signature of Authorized Repri	esentative			FILED	<u> </u>		
1 miles	<u> </u>					1.12:39	
MAIL TO:				SEP 2 2 2 20	12N (\ \	(\cdot, \cdot) α	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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