



Department of State - Business Services Division

RI DEPT OF STATE
 BUS SVCS DIV
 2020 SEP 22 PM 12:25

Annual Report for the year: 2013
Corporation _____

- 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 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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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		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.		NUMBR OF SHARES		CLASS/SERIES	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.					
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 RICHARD R. O'KEEFE				Date 09/18/2020	
Signature of Authorized Representative 				FILED	

SEP 22 2020
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 FORM 620 - Revised: 08/2020