



State of Rhode Island

Department of State - Business Services Division

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.

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

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		
			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

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

SEP 22 2020

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FORM 620 - Revised: 08/2020