

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

FILED

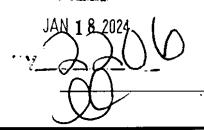
Annual Report for the year:

2024

**Limited Liability Company** 

→ Filing period: February 1 - May 1→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Limited Liability Company				
74003	YORKER REALTY, LLC	YORKER REALTY, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island ownership and development of real estate and				
531120					
5. State of Formation	any other lawful purpose				
RI					
6. Principal Office Address	City		State	Zip	
28 Countryside Lane		rth Scituate	RI	02857	
7. Mailing Address of Limite	d Liability Company and Name or Title of Co	ntact Person	•		
Contact Name		Contact Title			
Lorraine E. Tammaro, Trustee		Member			
Street Address			State	Zip	
28 Countryside Lane		rth Scituate	RI	02857	
8. The Resident Agent infor	mation currently of record with the RI Depart	ment of State is accurate	. Changes requi	re filing Form 642.	
	y, I declare and affirm that I have examine atements contained herein are true and c		any accompan	ying schedules and	
Name of Authorized Person Lorraine E. Tammaro, Trustee of the First Restatement of the Lorraine Tammaro Revocable Trust - 2005, Member			Date 1/2/2024		
Signature of Authorized Per	son Etannard			***	

## MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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