

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

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 001730511	2. Exact name of the Limited Liability Company 18 YORK, LLC 4. Brief description of the character of business conducted in Rhode Island Real Estate Investment.			
3. NAICS Code 531390				
5. State of Formation				
6. Principal Office Address	1. 21.22	City	State	Zip
139 Miller Road		North Stonington	СТ	06359
7. Mailing Address of Limited	Liability Company and Name or Title	of Contact Person	.	l
Contact Name Christopher	P. Anderson	Contact Title Manager		
Street Address 139 Miller Road		City North Stonington	State CT	^{Zip} 06359
8. The Resident Agent inform	ation currently of record with the RI C	Pepartment of State is accurate.	Changes require	1
9. Under penalty of perjury, statements, and that all sta	I declare and affirm that I have extended to the large true true	amined this report, including a and correct.	апу ассотрапу	ing schedules and
Name of Authorized Person		•	Date	,
Christopher P. Anderson			1 2/12	/24

MAIL TO:

Division of Business Services

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