



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 13 2024

BY 2097
JD

1. Entity ID Number 000036624		2. Exact name of the Corporation YORK REALTY CORP.			
3. Principal Office Address 730 YORK AVE.			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island GENERAL REAL ESTATE BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name HOWARD J. HALL			Vice-President Name KATHY P. MELIA		
Street Address 45 GROTON RD			Street Address 45 HIGH ST.		
City WESTFORD	State MA	Zip 01186	City NORTH ANDOVER	State MA	Zip 01845
Secretary Name HOWARD J. HALL			Treasurer Name KATHY P. MELIA		
Street Address 45 GROTON RD			Street Address 45 HIGH ST.		
City WESTFORD	State MA	Zip 01186	City NORTH ANDOVER	State MA	Zip 01845
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000	CPN	0.00	
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 JEREMY A QUILL					Date 03/11/2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov