

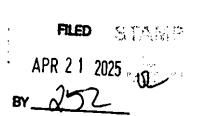
State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company**

2025

→ 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			
3. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island Real Estate Investment			
5. State of Formation				
6. Principal Office Address		City	State	Zip
139 Miller Road		North Stonington	СТ	06359
7. Mailing Address of Limited Li	ability Company and Name or	Title of Contact Person		
Christopher P. Anderson		Contact Title Manager		
Street Address 139 Miller Road		City North Stonington	State CT	^{Zip} 06359
8. The Resident Agent informat	ion currently of record with the	RI Department of State is accurate.	Changes require	filing Form 642.
9. Under penalty of perjury, I statements, and that all state	declare and affirm that I have ments contained herein are	e examined this report, including a true and correct.	any accompanyi	ng schedules and
Name of Authorized Person Christopher P. Anderson			Date 4/11/25	
Signature of Authorized Person	· · · · · · · · · · · · · · · · · · ·			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov