

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

| The contracting, erecting, or altering, under contract or otherwise, houses and all other buildings  7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT)    David Grant  Street Address 3 Portside Road  37. Portside Road  38. Portside Road  39. Portside Road  39. Portside Road  30. Portside Road  40. State  10. State 10. O2809  10. State 10. David Grant  10. State 10. State 10. David Grant  10. State 10. | 1. Corporate ID No.<br>144898 | is subject to a penalty fee of \$25.00.  2. Name of Corporation  The Grant Company, Ltd. |                         |                           |                                       |                    |  |
|--|-------------------------------|--|-------------------------|---------------------------|---------------------------------------|--------------------|--|
| 5. Make of Microporation 401-253-9882  S. Make of Incorporation 401-253-9882  Rhode Island  General contracting, erecting, or altering, under contract or otherwise, houses and all other buildings  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT    Prostation Name  Sharon Grant  Street Address 3 Portside Road  4 Portside Road  5 Portside Road  6 Portside Road  7 Portside Road  8 Portside Road  9 Portside  | 3 Portside Road               | Tice   |                         |                           |                                       | 1 .                |  |
| A NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT    Street Address   Street Address    3 Portside Road    33 Portside Road    33 Portside Road    34 Portside Road    34 Portside Road    35 Portside Road    36 Portside Road    37 Portside Road    38 Portside Road    39 Portside Road    40 Pressure Name    40 Pressure Name    41 Pressure Name    42 Pressure Name    43 Portside Road    44 Pressure Name    44 Pressure Name    45 Portside Road    46 Pressure Name    47 Pressure Name    48 Pressure Name    49 Portside Road    49 Portside Road    40 Pressure Name    50 P | 401-253-9882                  |  | Rhode Island            |                           |                                       | 02809              |  |
| Sharon Grant  Director Name  David Grant  Sharon Grant  Director Name  David Grant  Sharon Grant  Sharon Grant  David Grant  Sharon Grant  David Grant  Sharon Grant  Sharon Grant  Sharon Grant  Sharon Grant  David Grant  Sharon Grant  Sharon Address  Sharon Grant  Sharon Address  Sharon Grant  Sharon Grant  Sharon Grant  Sharon Address  Sharon Grant  Sharon Address  Sharon Grant  Sharon Address  Sharon Grant  Sharon Grant  Sharon Address  Sharon Grant  Sharon Grant  Sharon Grant  Sharon Grant  Sharon Grant  Sharon Grant  Sharon  | General contracting, erecting | ), or altering, ι  | inder contract or other | wise, houses and all othe | r buildings                           | <del></del>        |  |
| Sharon Grant    David Grant  | 7. NAMES AND ADDRESSES (      | F THE OFFIC  | CERS: ("X" BOX FOR      | ATTACHMENT)   FILL        | IN SPACES REFORE HEING                | · A Will A CHARLES |  |
| Street Address 3 Portside Road 5 Pressurer Name 5 Par Value 6 Par Value 7 Par  |                               |  |                         | : Vice President Name     |                                       |                    |  |
| 3 Portside Road  City Bristol Ri  O2809 Bristol  |                               |  |                         | •                         |                                       |                    |  |
| Bristol   Ri   D2809   Bristol   Ri   D2809   Bristol   Ri   D2809   David Grant   David Grant   David Grant   David Grant   Director Name   David Grant   Director Name   David Grant   Director Name   David Grant   Director Name   Directo | 3 Portside Road               |  |                         |                           |                                       |                    |  |
| David Grant  Street Address 3 Portside Road  State State Road  Sta | Bristol                       |  |                         | •                         | <b>I</b>                              | 1 '                |  |
| Street Address   Street Address   Street Address   Street Address   Street Address   State   Ri   O2809  | David Grant                   |  |                         | Treasurer Name            | Treasurer Name                        |                    |  |
| Bristol RI 02809 Bristol RI Director Name  Share Address 3 Portside Road  Director Name  Share Address 3 Portside Road  Street Address  State  Ztp  St |                               |  | <del></del>             |                           |                                       |                    |  |
| Bristol   Ri   | CVI.                          |  |                         | •                         |                                       |                    |  |
| Sharon Grant  Sharon Grant  Sharon Grant  Director Name  David Grant  Street Address 3 Portside Road  Street Address 3 Portside Road  Bristol  RI  02809  Bristol  Bristol  Brieve Address  Street Address  3 Portside Road  State  Zip  O2809  Director Name  Direct | Bristol j                     | Ri   | 02809                   | Briefol                   | 15.                                   | 1 -                |  |
| Sharon Grant  David Grant  Street Address 3 Portside Road  Street Address 3 Portside Road  Street Address 3 Portside Road  Street Address  Bristol  RI  02809  Bristol  Briector Name  Director Name  Street Address  Street A | . NAMES AND ADDRESSES O'      | F THE DIREC  | TORS: ("X" BOX FOR      | ATTACHMENT)   FILL        | IN SPACES BEFORE LISTN                | G ATTACHMENTS      |  |
| Street Address 3 Portside Road  Street Address  Street Address |                               |  |                         | Director Name             |                                       | o minchaen15       |  |
| Street Address  3 Portside Road  State   |                               | <del></del>  |                         | David Grant               |                                       |                    |  |
| Bristol RI 02809 Bristol RI 02809 Bristol RI 02809  Bristol State Zip O2809  Bristol RI 02809  Director Name   Street Address  Street Address  Street Address  Street Address  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED  UTHORIZED SHARES  Umber of Shares  Class/Series Par Value  Number of Shares  COMMISTOR COMMISTOR STATES  COMMISTOR COMMISTOR STATES  COMMISTOR STATES  DO COMMISTOR STATES  COMMISTOR STATES  DO COMMISTOR STATES  COMMISTOR STATES  DO COMMISTOR STATES  COMMISTOR STATES  Par Value  100 COMMISTOR STATES  Par Value  |                               |  |                         | ;                         | · · · · · · · · · · · · · · · · · · · |                    |  |
| Bristol RI 02809 Bristol RI 02809  Director Name  State Zip 02809  Director Name  Street Address  Street Address  Typ City State Zip 02809  City State Zip 02809  Director Name  Treet Address  Typ State Zip 10. Shares Issued ("X" BOX FOR ATTACHMENT) 10. Shares Issued ("X" BOX FOR ATTACHMENT) 10. Shares 158UED Shares This Section Must Be Completed 158UED Shares Class/Series Par Value 10.00 COMM \$10.00 PAR VALUE  | 24                            | tato   | 7.2                     |                           |                                       |                    |  |
| Director Name   Director Nam   |                               |  | _                       |                           | State                                 | Zip                |  |
| Itreet Address  Street Address  Street Address  Street Address  State Ztp City State Zip  State Zip  SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  UTHORIZED SHARES  SUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares Class/Series Par Value  Number of Shares Class/Series Par Value  100 COMM \$10.00 PAR VALUE  |                               | ]]<br>***********************************  | 102809                  | *******                   | RI                                    | 02809              |  |
| Street Address  State  Zip  City  State  Zip  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series  Par Value  100  COMM \$10.00 PAR VALUE   |                               |  |                         | Director Name             |                                       | ****************   |  |
| State Zip City State Zip  SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  UTHORIZED SHARES  Umber of Sbares Class/Series Par Value Number of Sbares Class/Series Par Value  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Sbares Class/Series Par Value  100 COMM \$10.00 PAR VALUE  | Street Address                |  |                         | Comment                   |                                       |                    |  |
| SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  UTHORIZED SHARES  Umber of Shares  Class/Series  Par Value  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series  Par Value  100  COMM \$10.00 PAR VALUE   |                               |  |                         | Mreet Address             |                                       |                    |  |
| SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  UTHORIZED SHARES  Umber of Shares  Class/Series  Par Value  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series  Par Value  100  COMM \$10.00 PAR VALUE   | ly St                         | ate  | Zip                     | СИУ                       | State                                 | 7/0                |  |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED  with per of Shares — Class/Series — Par Value — Number of Shares — Numb |                               |  |                         | ·                         | State                                 | Z.ip               |  |
| ,000 COMM \$10.00 PAR VALUE  Number of Shares  Class/Series  Par Value  100  COMMON  | JTHORIZED ("X"                | BOX FOR AT   | TACHMENT)               | 10. SHARES ISSUE          | D ("X" BOX FOR ATTACH                 | <br>IMENT) [       |  |
| ,000 COMM \$10.00 PAR VALUE  | imber of Shares Cla           | ss/Series  | Par Value               |                           |                                       |                    |  |
| 10.00  | ,000 COMM \$10.00 PAR V       | ALUE   |                         |                           |                                       | <del></del>        |  |
| i i i i i i i i i i i i i i i i i i i  |                               |  |                         | <del></del>               |                                       | - 10.00            |  |
| his 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.   |                               | <del></del>  | <del></del>             |                           |                                       |                    |  |

| File | DateFILED                       |
|------|---------------------------------|
| Chec | ck No. FEB 2 5 2009             |
| Ву:_ | FOR SECRETARY OF STATE USE ONLY |

| Under penalty of perjury, I decincluding any accompanying s contained herein are true and contained herein are true are true and contained herein are true are | chedules and states | at I have examined this report,<br>ments, and that all statements |
|---|---------------------|---|
| Maringer  | art                 | 2-3-09  |
| Signature   | <u> </u>            | Date  |
| 5 HANOS   | GRAN                | -   |
| Print or Type Name  |                     | <del></del>   |
| President   |                     |   |
| Title   |                     |   |