

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.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25.00.	•	, , , , ,		y , , , , , , , , , , , , , , , , ,	aw (R.I.G.L. /-1.2-1501(c&d)) i
1 Corporate ID No	2. Name of Corporatio	77	7		
91557	Granite	APR Develop	ment Corp.		
3. Street Address Principal Business Office			CITY	State	Zip
1061 East 19th Street		Brooklyn	NY	11230	
4. Business Phone No.		5. State of Incorporation			
(718) 338–1303 Delawa:			re		
6. Brief Description of the Character	of Business Conducted in	Rhode Island	-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Own and operat	e real esta	ate			
7. NAMES AND ADDRESSE	S OF THE OFFICERS	S: ("X" BOX FOR ATTA	<i>CHMENT)</i> FILL IN SP	ACES BEFORE USING	ATTACHMENTS
			Vice President Name		
Dr. Leon A. Reich			Rubin Schron		
Street Address			Street Address		
1474 Ocean Avenue			<u>45 Broadway</u>		
Brooklyn	State NY	Zip 11220	City	State	Zip
Secretary Name	l	11230	New York	NY NY	10006
Rosalie Reich			Treasurer Name		
ROSATTE REICH			Dr. Leon A. Reich		
1474 Ocean Avenue			1474 Ocean Avenue		
City	State	Zip	City		
Brooklyn	NY	11230	• '	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" ROX FOR AT	Brooklyn	NY	11230
The state of the s		( 12 MOM 1 ON 111	Director Name	Praces before usin	G ATTACHMENTS
Rubin Schron			Dr. Leon A. Reich		
Street Address			Street Address		
45 Broadway			1474 Oean Avenue		
City:	State	Zip	CUr	State	Zip
New York	NY	10006	Brooklyn	NY	11230
Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name		
Peter Hoffman					
Street Address			Street Address		
70-35 Vleigh P	lace				
City	State	Zip	City	State	Zip
Flushing	NY	11367	:		
9. SHARES AUTHORIZED			10. SHARES ISSUED (*	"X" BOX FOR ATTACE	HMENT) [
200 No Par Val	ue		ISSUED SHARES — THIS SECTI	ON MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			200	Common	NO Par Valu
			i		I

FILED			
File Date MAR 0 5 2009 Check No.	_		
Ву	_		
FOR SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare and affirm to including any accompanying schedules and state contained herein are true and officer.	atements, and that all statements
Len of lear	2/27/09
Signature	Date
Dr. Leon A. Reich	
Print or Type Name	· · · · · · · · · · · · · · · · · · ·
President	
Title	
	Form 630 Rev. 08/08