



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 9762		2. Exact name of the Corporation Garmac Company, Inc.			
3. Principal office address 155 South Main Street		City Providence	State RI	Zip 02903	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Owners and lessors of real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gardner L. Grant			Vice-President Name Ellen P. Grant		
Street Address 4 Pond View West			Street Address 4 Pond View West		
City Purchase	State NY	Zip 10577	City Purchase	State NY	Zip 10577
Secretary Name Ellen P. Grant			Treasurer Name Gardner L. Grant		
Street Address 4 Pond View West			Street Address 4 Pond View West		
City Purchase	State NY	Zip 10577	City Purchase	State NY	Zip 10577
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gardner L. Grant			Director Name Ellen P. Grant		
Street Address 4 Pond View West			Street Address 4 Pond View West		
City Purchase	State NY	Zip 10577	City Purchase	State NY	Zip 10577
Director Name Gardner L. Grant, Jr.			Director Name		
Street Address 7 Sunnyside Lane			Street Address		
City Westport	State CT	Zip 06880	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			500	Common	No Par

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.

FILED

MAR 01 2012

File Date _____

Check No _____

By _____

By *MNC*

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.

Gardner L Grant 2/22/12
 Signature of Authorized Representative Date

Gardner L. Grant
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

CP# 6565