

## 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 2013

131343	GRAN	AILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.  2. Exact name of the Corporation  GRANITE STORAGE, INC.				
3. Principal office address 74 Airport Road			City <b>Westerly</b>	State RI	· jzip	
4. Business Phone No.  (401) 596-1443  6. Brief description of the character of business conducted in Rhode Islands  Generally engage in the character.			5. State of Incorporation			
gonerany engage m	tne business	of a storage facility	/			
resident Name Francis Gencarelli			I Vice-President Nai	me		
Street Address 74 Airport Road			Francis Gencarelli Street Address 74 Airport Road			
ity <b>Westerly</b> ecretary Name	State RI	Zip <b>02891</b>	City Westerly	State RI	Zip	
Francis Gencarelli treet Address			Treasurer Name Francis Gencarelli			
74 Airport Road			Street Address 74 Airport Road			
Westerly	RI	Zip <b>02891</b>	City <b>Westerly</b>	State RI	Zip <b>02891</b>	
LISE ALC DIRECTORS (NAMES AND ADDRESSES) (TX) BOX FOR rector Name rancis Gencarelli			Director Name			
eet Address 4 Airport Road			Street Address			
/ esterly	State RI	Zip <b>02891</b>	City	State	Zip	
ector Name			Director Name			
eet Address			Street Address			
	State	Zip	City	State	Zip	
PARES AUTHORIZED			10. SHARES ISSUE!	CX4BOX FOR ATT	ACHMENT ACC	
information is currently of record in the Office of the Secretary tate. Changes require an additional filing.  Section 9 of Instruction sheet.			1,000	CLASS/SERIES COMMON	PAR VALUE NO par	
s report must be executed o	n behalf of the co this report must	poration by an authorized be each led or byhalf of t			ands of a receiver or trustee	

of the corporation by the receiver or trustee.			
•••	Under penalty of perjury, I declare and affirm that I this report, including any accompanying schedule and that all statements contained herein are true a		
mne	Signature of Authorized Representative		
	Francis Gencarelli		
+ 5045	Print or Type Name of Authorized Representative		