



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 2016

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. 91557		2. Exact name of the Corporation Granite APR Development Corp.			
3. Principal office address 1061 East 19th Street		City Brooklyn	State NY	Zip 11230	
4. Business Phone No. (718) 338-1303		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Own and operate real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dr. Leon A. Reich			Vice-President Name Rubin Schron		
Street Address 1474 Ocean Avenue			Street Address 45 Broadway		
City Brooklyn	State NY	Zip 11230	City New York	State NY	Zip 10006
Secretary Name Rosalie Reich			Treasurer Name Dr. Leon Reich		
Street Address 1474 Ocean Avenue			Street Address 1474 Ocean Avenue		
City Brooklyn	State NY	Zip 11230	City Brooklyn	State NY	Zip 11230
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rubin Schron			Director Name Dr. Leon A. Reich		
Street Address 45 Broadway			Street Address 1474 Ocean Avenue		
City New York	State NY	Zip 10006	City Brooklyn	State NY	Zip 10006
Director Name Peter Hoffman			Director Name		
Street Address 7035 Vleigh Place			Street Address		
City Flushing	State NY	Zip 11267	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
			200	Common	no par value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

BY 5517

FILED

FEB 16 2016

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.

Signature of Authorized Representative

Date

Dr. Leon Reich, President

Print or Type Name of Authorized Representative