



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 53789		2. Exact name of the Corporation GARDEN PROPERTY ASSOCIATES, INC.												
3. Principal Office Address 5 Langworthy Road			City Westerly	State RI	Zip 02891									
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Operate a retail and shopping center												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Mark M. Koswaski			Vice-President Name Antonio Spino											
Street Address Tomaquag Road			Street Address 2 Solar Drive 3 Gull Terrace											
City Ashaway	State RI	Zip 02804	City Westerly	State RI	Zip 02891									
Secretary Name Mark M. Koswaski			Treasurer Name Antonio Spino											
Street Address Tomaquag Road			Street Address 2 Solar Drive 3 Gull Terrace											
City Ashaway	State RI	Zip 02804	City Westerly	State RI	Zip 02891									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Mark M. Koswaski			Director Name Antonio Spino											
Street Address Tomaquag Road			Street Address 2 Solar Drive 3 Gull Terrace											
City Ashaway	State RI	Zip 02804	City Westerly	State RI	Zip 02891									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td>300</td> <td>Common</td> <td>None</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	None			
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300	Common	None												
11. 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. 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.														
Name of Authorized Representative Antonio Spino, Vice President				Date 2/21/17										
Signature of Authorized Representative <i>Antonio Spino</i>				FILED FEB 23 2017										

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY *[Signature]*