



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 <u>000007670</u>		2. Exact name of the Corporation <u>Getty Properties corp</u>	
3. Principal Office Address <u>Two Jericho Plaza Suite 110</u>		City <u>Jericho</u>	State <u>NY</u>
		Zip <u>11753</u>	
4. NAICS Code <u>53</u>	6. Brief description of the character of business conducted in Rhode Island <u>Station Holding/Leasing</u>		
5. State of Incorporation <u>DE</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Christopher Constant</u>		Vice-President Name <u>Mark Olear</u>	
Street Address <u>Two Jericho Plaza Suite 110</u>		Street Address <u>Two Jericho Plaza Suite 110</u>	
City <u>Jericho</u>	State <u>NY</u>	City <u>Jericho</u>	State <u>NY</u>
Zip <u>11753</u>		Zip <u>11753</u>	
Secretary Name <u>Joshua Dicker</u>		Treasurer Name <u>Danion Fielding</u>	
Street Address <u>Two Jericho Plaza Suite 110</u>		Street Address <u>Two Jericho Plaza Suite 110</u>	
City <u>Jericho</u>	State <u>NY</u>	City <u>Jericho</u>	State <u>NY</u>
Zip <u>11753</u>		Zip <u>11753</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Leo Liebowitz</u>		Director Name <u>Milton Cooper</u>	
Street Address <u>Two Jericho Plaza Suite 110</u>		Street Address <u>Two Jericho Plaza Suite 110</u>	
City <u>Jericho</u>	State <u>NY</u>	City <u>Jericho</u>	State <u>NY</u>
Zip <u>11753</u>		Zip <u>11753</u>	
Director Name <u>Howard Safenowitz</u>		Director Name <u>Philp E. Coviello</u>	
Street Address <u>Two Jericho Plaza Suite 110</u>		Street Address <u>Two Jericho Plaza Suite 110</u>	
City <u>Jericho</u>	State <u>NY</u>	City <u>Jericho</u>	State <u>NY</u>
Zip <u>11753</u>		Zip <u>11753</u>	
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"/>	
		NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>01</u>
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		Date	
Signature of Authorized Representative <u>D. J. [Signature]</u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 24 2017

BY

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FORM 630 - Revised: 02/2017