



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 000007670		2. Exact name of the Corporation Getty Properties Corp		
3. Principal Office Address Two Jericho Plaza Suite 110		City Jericho	State NY	Zip 11753
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island Station Holding/Leasing		
5. State of Incorporation DE				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Christopher Constant		Vice-President Name Mark Olear		
Street Address Two Jericho Plaza Suite 110		Street Address Two Jericho Plaza Suite 110		
City Jericho	State NY	Zip 11753	City Jericho	State NY
Secretary Name Joshua Dicker		Treasurer Name Danion Fielding		
Street Address Two Jericho Plaza Suite 110		Street Address Two Jericho Plaza Suite 110		
City Jericho	State NY	Zip 11753	City Jericho	State NY
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Leo Liebowitz		Director Name Milton Cooper		
Street Address Two Jericho Plaza Suite 110		Street Address Two Jericho Plaza Suite 110		
City Jericho	State NY	Zip 11753	City Jericho	State NY
Director Name Howard Sapenowitz		Director Name Philp E. Coviello		
Street Address Two Jericho Plaza Suite 110		Street Address Two Jericho Plaza Suite 110		
City Jericho	State NY	Zip 11753	City Jericho	State NY
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000		01
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 D. King				

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 3859576 DS