s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
	Providence RI 0290	4-2615	
HOPE	(401) 222-304	40	
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000795160</u>			
2. Exact Name of the Limited Liability Company <u>28 Spray Rock Road LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>000053</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	ode Island
PASSIVE OWNER OF RESIDENTIAL PROPERTY			
5. Principal Office Addre	SS		
No. and Street: 560 LEXINGTON AVENUE, FLOOR 10			
GRANITE CAPITAL MANAGEMENT, LLC States NV, Zing 10022 Country USA			
City or Town: <u>NEW Y</u>	<u>JKK</u>	State: <u>NY</u> Zip: <u>10022</u> C	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: <u>560 LEXINGTON AVENUE, FLOOR 10</u>			
GRANITE CAPITAL MANAGEMENT, LLC			
City or Town: <u>NEW YC</u>	<u>IRK</u>	State: <u>NY</u> Zip: <u>10022</u> Co	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

VINCENT J. NACCARATO <u>96 FRANKLIN STREET</u> <u>WESTERLY</u>, <u>RI</u> <u>02891</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of September, 2017 at 3:15:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By WILLIAM SCOTT MCCORMACK

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved