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

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Annual Report for the year: 2018
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	2. Exact name of the Corporation		
144898	**The Grant Company, Ltd.**		
3. Principal Office Address: **481 Kingstown Road**	City: **West Kingston**	State: **RI**	Zip: **02892**
4. NAICS Code: 236118	6. Brief description of the character of business conducted in Rhode Island: **General contracting, erecting, altering, under contract or otherwise, houses and all other buildings; Title: 7-1.1.**		
5. State of Incorporation: **RI**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Sharon Grant**			Vice-President Name: **David Grant**		
Street Address: **481 Kingstown Road**			Street Address: **481 Kingstown Road**		
City: **West Kingston**	State: **RI**	Zip: **02892**	City: **West Kingston**	State: **RI**	Zip: **02892**
Secretary Name: **Sharon Grant**			Treasurer Name: **David Grant**		
Street Address: **481 Kingstown Road**			Street Address: **481 Kingstown Road**		
City: **West Kingston**	State: **RI**	Zip: **02892**	City: **West Kingston**	State: **RI**	Zip: **02892**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Issued Shares - 100	**Common**	**$10.00**
Auth'd Shares - 5,000	**Common**	**$10.00 Par Value**

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
David Grant	1-9-2018

Signature of Authorized Representative: SIGN DOCUMENT HERE **FILED**

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

JAN 18 2018
BY 59190S

FORM 630 - Revised: 10/2017