State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
144898	The Grant Company, Ltd.

3. Principal Office Address	City	State	Zip
481 Kingstown Road	West Kingston	RI	02892

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	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	Street Address	City	State	Zip
Sharon Grant	481 Kingstown Road	West Kingston	RI	02892

Vice-President Name	Street Address	City	State	Zip
David Grant	481 Kingstown Road	West Kingston	RI	02892

Secretary Name	Street Address	City	State	Zip
Sharon Grant	481 Kingstown Road	West Kingston	RI	02892

Treasurer Name	Street Address	City	State	Zip
David Grant	481 Kingstown Road	West Kingston	RI	02892

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

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	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 591905

FORM 630 - Revised: 10/2017