



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

Annual Report for the year: **2018**
 Corporation

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

- 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 91557		2. Exact name of the Corporation Granite APR Development Corp.			
3. Principal Office Address 1061 East 19th Street			City Brooklyn	State NY	Zip 11230
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Own and operate real estate.			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr. Leon A. Reich			Vice-President Name Rubin Schron		
Street Address 1061 East 19th Street			Street Address 45 Broadway		
City Brooklyn	State NY	Zip 11230	City New York	State NY	Zip 10006
Secretary Name Rosalie Reich			Treasurer Name Dr. Leon Reich		
Street Address 1061 East 19th Street			Street Address 1061 East 19th Street		
City Brooklyn	State RI	Zip 11230	City Brooklyn	State NY	Zip 11230
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rubin Schron			Director Name Dr. Leon A. Reich		
Street Address 45 Broadway			Street Address 1061 East 19th Street		
City New York	State NY	Zip 10006	City Brooklyn	State NY	Zip 11230
Director Name Peter Hoffman			Director Name		
Street Address 7035 Vleigh Place			Street Address		
City Flushing	State NY	Zip 11267	City	State	Zip
9. Shares Authorized 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
		200		Common	no 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 Dr. Leon Reich, President				Date February 12, 2018	
Signature of Authorized Representative 					

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

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FEB 22 2018

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