



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.

1. Entity ID Number 000053789		2. Exact name of the Corporation GARDEN PROPERTY ASSOCIATES, INC.			
3. Principal Office Address 5 Langworthy Road		City Westerly		State RI	Zip 02891
4. NAICS Code 53120	6. Brief description of the character of business conducted in Rhode Island Operate a retail shopping center.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark M. Koswaski			Vice-President Name Antonio Spino		
Street Address Tomaquag Road			Street Address 3 Gull Terrace		
City Ashaway	State RI	Zip 02804	City Westerly	State RI	Zip 02891
Secretary Name Mark M. Koswaski			Treasurer Name Antonio Spino		
Street Address Tomaquag Road			Street Address 3 Gull Terrace		
City Ashaway	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark M. Koswaski			Director Name Antonio Spino		
Street Address Tomaquag Road			Street Address 3 Gull Terrace		
City Ashaway	State RI	Zip 02804	City Westerly	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBLR OF SHARES CLASS/SERIES PAR VALUE		
			300 Common None		
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 Mark M. Koswaski, President				Date 2/21/18	
Signature of Authorized Representative 				SIGN DOCUMENT FILED FEB 26 2018	