



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.

FILED

MAR 01 2018

BY \_\_\_\_\_

1. Entity ID Number <b>000101988</b>		2. Exact name of the Corporation <b>Getty Realty Corp</b>												
3. Principal Office Address <b>2 Jericho Plaza Suite 110</b>		City <b>Jericho</b>		State <b>NY</b>	Zip <b>11753-1681</b>									
4. NAICS Code <b>531120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Station Holding/Leasing</b>												
5. State of Incorporation <b>DE</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Christopher Constant</b>			Vice-President Name <b>Mark Olear</b>											
Street Address <b>2 Jericho Plaza Suite 110</b>			Street Address <b>2 Jericho Plaza Suite 110</b>											
City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753-1681</b>	City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753-1681</b>									
Secretary Name <b>Joshua Dicker</b>			Treasurer Name <b>Danion Fielding</b>											
Street Address <b>2 Jericho Plaza Suite 110</b>			Street Address <b>2 Jericho Plaza Suite 110</b>											
City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753-1681</b>	City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753-1681</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Christopher Constant</b>			Director Name											
Street Address <b>2 Jericho Plaza Suite 110</b>			Street Address											
City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753-1681</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>39,196,110</b></td> <td><b>CWP</b></td> <td><b>0.0100</b></td> </tr> <tr> <td><b>0</b></td> <td><b>PWP</b></td> <td><b>0.0100</b></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>39,196,110</b>	<b>CWP</b>	<b>0.0100</b>	<b>0</b>	<b>PWP</b>	<b>0.0100</b>
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
<b>39,196,110</b>	<b>CWP</b>	<b>0.0100</b>												
<b>0</b>	<b>PWP</b>	<b>0.0100</b>												
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 <b>Danion Fielding</b>					Date <b>2/21/18</b>									
Signature of Authorized Representative <i>D. Fielding</i>														

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

MAR 01 2018

BY

**392498 DS**

FORM 630 - Revised: 10/2017