



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

FILED

Annual Report for the year: 2018
Corporation

MAR 01 2018

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY _____

1. Entity ID Number <u>000007670</u>		2. Exact name of the Corporation <u>Getty Properties Corp</u>	
3. Principal Office Address <u>2 Jericho Plaza Suite 110</u>		City <u>Jericho</u>	State <u>NY</u>
		Zip <u>11753-1681</u>	
4. NAICS Code <u>531120</u>	6. Brief description of the character of business conducted in Rhode Island <u>Station Holding/Leasing</u>		
5. State of Incorporation <u>DE</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Christopher Constant</u>		Vice-President Name <u>Mark Olear</u>	
Street Address <u>2 Jericho Plaza Suite 110</u>		Street Address <u>2 Jericho Plaza Suite 110</u>	
City <u>Jericho</u>	State <u>NY</u>	City <u>Jericho</u>	State <u>NY</u>
	Zip <u>11753-1681</u>		Zip <u>11753-1681</u>
Secretary Name <u>Joshua Dicker</u>		Treasurer Name <u>Danion Fielding</u>	
Street Address <u>2 Jericho Plaza Suite 110</u>		Street Address <u>2 Jericho Plaza Suite 110</u>	
City <u>Jericho</u>	State <u>NY</u>	City <u>Jericho</u>	State <u>NY</u>
	Zip <u>11753-1681</u>		Zip <u>11753-1681</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Christopher Constant</u>		Director Name	
Street Address <u>2 Jericho Plaza Suite 110</u>		Street Address	
City <u>Jericho</u>	State <u>NY</u>	City	State
	Zip <u>11753-1681</u>		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>1000.00</u>	<u>CWP</u>
			<u>0.0100</u>
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 <u>Danion Fielding</u>			Date <u>2/21/18</u>
Signature of Authorized Representative <u>[Signature]</u>			

SIGN DOCUMENT HERE

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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