



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 000007670		2. Exact name of the Corporation Getty Properties Corp			
3. Principal Office Address 2 Jericho Plaza Suite 110		City Jericho		State NY	Zip 11753-1681
4. NAICS Code 53120		6. Brief description of the character of business conducted in Rhode Island Station Holding/Leasing			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Constant			Vice-President Name Mark Olear		
Street Address 2 Jericho Plaza Suite 110			Street Address 2 Jericho Plaza Suite 110		
City Jericho	State NY	Zip 11753-1681	City Jericho	State NY	Zip 11753-1681
Secretary Name Joshua Dicker			Treasurer Name Danion Fielding		
Street Address 2 Jericho Plaza Suite 110			Street Address 2 Jericho Plaza Suite 110		
City Jericho	State NY	Zip 11753-1681	City Jericho	State NY	Zip 11753-1681
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Constant			Director Name		
Street Address 2 Jericho Plaza Suite 110			Street Address		
City Jericho	State NY	Zip 11753-1681	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000.00	CWP	0.0100
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 Danion Fielding				Date 2/21/18	
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