



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

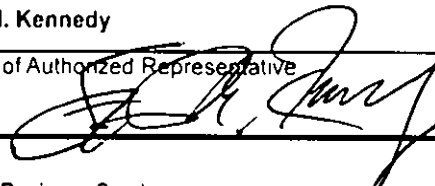
Annual Report for the year: **2018**
Corporation**STAMP**

FOR

→ 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 86948		2. Exact name of the Corporation Grey Ledge Holdings, Inc.			
3. Principal Office Address 21 Circuit Drive, Quonset Point			City North Kingstown	State RI	Zip 02852
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island To own and lease real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Steven M. Kennedy			Vice-President Name		
Street Address 21 Circuit Drive, Quonset Point			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Steven M. Kennedy		
Street Address 38 Bellevue Avenue, Suite H			Street Address 21 Circuit Drive, Quonset Drive		
City Newport	State RI	Zip 02840	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Steven M. Kennedy			Director Name		
Street Address 21 Circuit Drive, Quonset Point			Street Address		
City North Kingstown	State RI	Zip 02852	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Steven M. Kennedy				Date 5/21/18	
Signature of Authorized Representative 				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

MAY 25 2018

BY

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FORM 630 - Revised: 10/2017