RI SOS Filing Number: 201867071350 Date: 5/25/2018 4:00:00 PM

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.

STAMP
FOR

1. Entity ID Number	2. Exact name of the Corporation		
86948	Grey Ledge Holdings, Inc.		
3. Principal Office Address	City	State	Zip
21 Circuit Drive, Quonset Point	North Kingstown	RI	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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$.01 Par

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 1219 DS

FORM 630 - Revised: 10/2017