



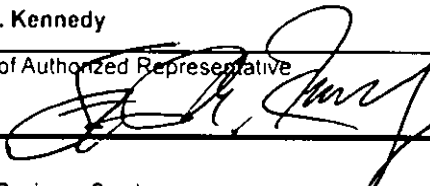
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 5/6/18	
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 1719 DS FORM 630 - Revised: 10/2017