



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division


Annual Report for the year: **2019**

## Corporation

→ 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 <b>144898</b>		2. Exact name of the Corporation <b>The Grant Company, Ltd.</b>												
3. Principal Office Address <b>481 Kingstown Road</b>			City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>									
4. NAICS Code <b>234115</b>		6. Brief description of the character of business conducted in Rhode Island <b>General contracting, erecting, altering, under contract or otherwise, houses and all other buildings; Title: 7-1.1.</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Sharon Grant</b>			Vice-President Name <b>David Grant</b>											
Street Address <b>481 Kingstown Road</b>			Street Address <b>481 Kingstown Road</b>											
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>									
Secretary Name <b>Sharon Grant</b>			Treasurer Name <b>David Grant</b>											
Street Address <b>481 Kingstown Road</b>			Street Address <b>481 Kingstown Road</b>											
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS-SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>Issued Shares - 100</td> <td>Common</td> <td>\$10.00</td> </tr> <tr> <td>Auth'd Shares - 5,000</td> <td>Common</td> <td>\$10.00 Par Value</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS-SERIES	PAR VALUE	Issued Shares - 100	Common	\$10.00	Auth'd Shares - 5,000	Common	\$10.00 Par Value
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		Issued Shares - 100	Common	\$10.00										
Auth'd Shares - 5,000	Common	\$10.00 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.														
<b>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.</b>														
Name of Authorized Representative <b>David Grant</b>					Date <b>01/02/2019</b>									
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED****JAN 04 2019**

BY

**26344**

FORM 630 - Revised: 10/2017