



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 116930		2. Name of Corporation Grant Holdings, Inc.			
3. Street Address Principal Business Office 225 High Ridge Road, 300W			City Stamford	State CT	Zip 06905
4. Business Phone No. 203-708-8285		5. State of Incorporation PENNSYLVANIA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island THE BANK DOES NOT OPERATE IN ANY STATE. Provide Financial Services including the investment in leasing of tangible personal property					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John J. Mulligan			Vice President Name James C. McCrea		
Street Address 862 Towne House Road			Street Address 272 Newtown Turnpike		
City Fairfield	State CT	Zip 06430	City Wilton	State CT	Zip 06897
Secretary Name Douglas B. Levene			Treasurer Name John M. Spera		
Street Address 45 Ryders Lane			Street Address 12 Mimosa Place		
City Wilton	State CT	Zip 06897	City Ridgefield	State CT	Zip 06877
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James C. McCrea			Director Name John M. Spera		
Street Address 272 Newtown Turnpike			Street Address 12 Mimosa Place		
City Wilton	State CT	Zip 11023	City Ridgefield	State CT	Zip 06877
Director Name John J. Mulligan			Director Name		
Street Address 862 Towne House Road			Street Address		
City Fairfield	State CT	Zip 06430	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000	\$1.00 PAR VALUE		100,000	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



116930

File Date: **FILED**

Check No.: FEB 18 2005

By: *John J. Mulligan*

FOR SECRETARY OF STATE USE ONLY

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.

John M. Spera
Signature of Officer: *John M. Spera* Date: February 2, 2005
Print or Type Name of Officer: **John M. Spera**
Title of Officer: **Vice President & Treasurer**



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with multiple sections: 1. Corporate ID No. 116930; 2. Name of Corporation Grant Holdings, Inc.; 3. Street Address Principal Business Office 225 HIGH RIDGE ROAD, 300W; 4. Business Phone No. 914-335-8285; 5. State of Incorporation PENNSYLVANIA; 7. Brief Description of the Character of Business Conducted in Rhode Island; 8. NAMES AND ADDRESSES OF THE OFFICERS; 9. NAMES AND ADDRESSES OF THE DIRECTORS; 10. SHARES AUTHORIZED; 11. SHARES ISSUED.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 6 9 3 0 *

File Date 3/3/04
Check No. 00017731
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature]
Date: FEBRUARY 2004
Print or Type Name of Officer: JOHN M. SPERA
Title of Officer: VICE PRESIDENT AND TREASURER



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1
401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)



1. Corporate ID No. **116930**
2. Name of Corporation **Grant Holdings, Inc.**
3. Street Address Principal Business Office
225 HIGH RIDGE ROAD, 300W
City **STAMFORD** State **CT** Zip **06905**
4. Business Phone No. **914-335-8397**
5. State of Incorporation **PENNSYLVANIA**
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDE FINANCIAL SERVICE INCLUDING THE INVESTMENT IN LEASING OF TANGIBLE PERSONAL PROPERTY
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
JOHN J. MULLIGAN
Street Address
862 TOWNE HOUSE ROAD
City **FAIRFIELD** State **CT** Zip **06430**

Vice President Name
JAMES C. MCCREA
Street Address
272 NEWTOWN TURNPIKE
City **WILTON** State **CT** Zip **06897**

Secretary Name
DOUGLAS B. LEVENE
Street Address
45 RYDERS LANE
City **WILTON** State **CT** Zip **11023**

Treasurer Name
JOHN M. SPERA
Street Address
12 MIMOSA PLACE
City **RIDGEFIELD** State **CT** Zip **06877**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
JAMES C. MCCREA
Street Address
272 NEWTOWN TURNPIDE
City **WILTON** State **CT** Zip **06897**

Director Name
JOHN M. SPERA
Street Address
12 MIMOSA PLACE
City **RIDGEFIELD** State **CT** Zip **06877**

Director Name
JOHN J. MULLIGAN
Street Address
862 TOWNE HOUSE ROAD
City **FAIRFIELD** State **CT** Zip **06430**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares **100,000** Class/Series **\$1.00** Par Value **PAR VALUE**

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares **100,000** Class/Series **COMMON** Par Value **\$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 6 9 3 0 *

Date 3-4-03
Check No. 17201
Q

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.
John M. Spera FEBRUARY 19, 2003
Signature of Officer
JOHN M. SPERA
Print or Type Name of Officer
VICE PRESIDENT & TREASURER
Title of Officer
ok to file 2/19/02

GRANT TRANSIT CO.
225 High Ridge Road, Suite 300 West
Stamford, Connecticut 06905
06-1487886

Directors

James C. McCrea
John J. Mulligan
John M. Spera

Officers:

<u>Officers:</u>	<u>Title</u>	<u>Residence Address</u>
John J. Mulligan	President	862 Towne House Road Fairfield, CT 06430
James C. McCrea	Vice President	272 Newtown Turnpike Wilton, CT 06897
Alex T. Russo	Vice President	3135 Moss Lane Yorktown Heights, N.Y. 10598
Steven P. Seagriff	Vice President	141 High Ridge Road Ridgefield, CT 06877
Darrel D. DeVoss	Vice President	27 Meadowlark Drive Windsor, CT 06095
Thomas W. Urbach	Vice President	8 Laurelwood Drive New Fairfield, CT 06897
John M. Spera	Treasurer	12 Mimosa Place Ridgefield, CT 06877
Douglas B. Levene	Secretary	45 Ryders Lane Wilton, CT 11023
Nancy S. Rights	Assistant Secretary	20 Windswept Circle Brewster, NY 10509
Anne M. O'Sullivan	Assistant Secretary	204-07 36 th St. Apt. 394 Bayside, NY 11361
Donna N. Lyde	Assistant Secretary	117 West Second St. Mount Vernon, NY 10550



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **116930** 2. Name of Corporation **Grant Holdings, Inc.**

3. Street Address Principal Business Office **225 HIGH RIDGE ROAD, 300W** City **STAMFORD,** State **CT** Zip **06905**

4. Business Phone No. **914-335-8397** 5. State of Incorporation **PENNSYLVANIA** 6. SIC Code

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PROVIDE FINANCIAL SERVICE INCLUDING THE INVESTMENT IN LEASING OF TANGIBLE PERSONAL PROPERTY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOHN J. MULLIGAN	Vice President Name JAMES C. MCCREA
Street Address 862 TOWNE HOUSE ROAD	Street Address 272 NEWTOWN TURNPIKE
City State Zip FAIRFIELD CT 06430	City State Zip WILTON CT 06897

Secretary Name DOUGLAS B. LEVENE	Treasurer Name JOHN M. SPERA
Street Address 45 RYDERS LANE	Street Address 12 MIMOSA PLACE
City State Zip WILTON CT 11023	City State Zip RIDGEFIELD CT 06877

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Director Name JAMES C. MCCREA	Director Name JOHN M. SPERA
Street Address 272 NEWTOWN TURNPIIKE	Street Address 12 MIMOSA PLACE
City State Zip WILTON CT 06897	City State Zip RIDGEFIELD CT 06877
Director Name JOHN J. MULLIGAN	
Street Address 862 TOWNE HOUSE ROAD	
City State Zip FAIRFIELD CT 06430	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	100,000	\$1.00	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100,000	\$1.00	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 6 9 3 0 *

File Date: 3-25-02
Check No.: 16678
By: [Signature]

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.

[Signature] FEBRUARY 12, 2002
Signature of Officer Date

JOHN M. SPERA
Print or Type Name of Officer
VICE PRESIDENT & TREASURER
Title of Officer