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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
91557	GRANITE APR DEVELOPMENT CORP.

3. Street Address Principal Business Office	City	State	Zip
1061 EAST 19TH STREET	BROOKLYN	NY	11230-4501

4. Business Phone No	5. State of Incorporation	6. SIC Code
718-338-1303	DELAWARE	5553

7. Brief Description of the Character of Business Conducted in Rhode Island
OWN AND OPERATE REAL ESTATE.

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

President Name	Vice President Name
DR. LEON A. REICH	RUBIN SCHRON
Street Address: 1474 OCEAN AVE	Street Address: 45 BROADWAY
City: BROOKLYN · State: NY · Zip: 11230	City: NEW YORK · State: NY · Zip: 10006
Secretary Name	**Treasurer Name**
ROSALIE REICH	PETER HOFFMAN
Street Address: 1474 OCEAN AVE	Street Address: 70-35 VLEIGH PLACE
City: BROOKLYN · State: NY · Zip: 11230	City: FLUSHING · State: NY · Zip: 11367

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

Director Name	Director Name
RUBIN SCHRON	DR. LEON A. REICH
Street Address: 45 BROADWAY	Street Address: 1474 OCEAN AVE
City: NEW YORK · State: NY · Zip: 10006	City: BROOKLYN · State: NY · Zip: 11230
Director Name: PETER HOFFMAN	Director Name:
Street Address: 70-35 VLEIGH PLACE	Street Address:
City: FLUSHING · State: NY · Zip: 11367	City: · State: · Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200 NO PAR VALUE	COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	COMMON	N/O PAR

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

[redacted] *91557*

[redacted]

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.

Leon A Reich — 2/22/05
Signature of Officer — *Date*

DR LEON A. REICH
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date	2-24-05
Check No.	2252
By:	2

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No	2 Name of Corporation		
91557	GRANITE APR DEVELOPMENT CORP.		
3 Street Address Principal Business Office: 1061 EAST 19TH STREET	City: BROOKLYN	State: NY	Zip: 11230-4501
4 Business Phone No: 718-338-1303	5 State of Incorporation: DELAWARE		6 SIC Code: 5553

7 Brief Description of the Character of Business Conducted in Rhode Island: OWN AND OPERATE REAL ESTATE.

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

President Name	Vice President Name
DR LEON A. REICH	RUBIN SCHRON
Street Address: 1474 OCEAN AVENUE	Street Address: 45 BROADWAY
City: BROOKLYN State: NY Zip: 11230	City: NEW YORK State: NY Zip: 10006
Secretary Name: ROSALIE REICH	Treasurer Name: PETER HOFFMAN
Street Address: 1474 OCEAN AVE	Street Address: 70-35 VLEIGH PLACE
City: BROOKLYN State: NY Zip: 11230	City: FLUSHING State: NY Zip: 11367

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

Director Name	Director Name
LEON A. REICH	PETER HOFFMAN
Street Address: 1474 OCEAN AVE	Street Address: 70-35 VLEIGH PLACE
City: BROOKLYN State: NY Zip: 11230	City: FLUSHING State: NY Zip: 11367
Director Name: RUBIN SCHRON	Director Name:
Street Address: 45 BROADWAY	Street Address:
City: NEW YORK State: NY Zip: 10006	City: State: Zip:

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
200 NO PAR VALUE	COMMON		200	COMMON	NO PAR

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

[redacted]

91557

File Date 2/12/04

Check No. 2054

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Leon A Reich — 2/12/04

Signature of Officer — *Date*

LEON A. REICH

Print or Type Name of Officer

PRESIDENT

Title of Officer

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 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

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.: 91557
2. Name of Corporation: GRANITE APR DEVELOPMENT CORP.
3. Street Address Principal Business Office: 1061 EAST 19TH STREET — City: BROOKLYN — State: N Y — Zip: 11230-4501
4. Business Phone No.: 718-338-1303
5. State of Incorporation: DELAWARE
6. SIC Code: 5553
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN AND OPERATE SHOPPING CENTER

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

President Name: DR. LEON A REICH
Street Address: 1474 OCEAN AVENUE
City: BROOKLYN — State: NY — Zip: 11230

Vice President Name: RUBIN SCHRON
Street Address: 32 BROADWAY
City: NEW YORK — State: NY — Zip: 10006

Secretary Name: ROSALIE REICH
Street Address: 1474 OCEAN AVENUE
City: BROOKLYN — State: NY — Zip: 11230

Treasurer Name: PETER HOFFMAN
Street Address: 70-35 VLEIGH PLACE
City: FLUSHING — State: NY — Zip: 11367

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

Director Name: LEON A. REICH
Street Address: 1474 OCEAN AVE
City: BROOKLYN — State: NY — Zip: 11230

Director Name: PETER HOFFMAN
Street Address: 70-35 VLEIGH PLACE
City: FLUSHING — State: NY — Zip: 11367

Director Name: RUBIN SCHRON
Street Address: 32 BROADWAY
City: NEW YORK — State: NY — Zip: 10006

Director Name:
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	COMMON	n/a PAR

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

* 9 1 5 5 7 *

File Date: 2-18-03
Check No.: 1908
By: LP

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.

Leon A Reich — 2/10/03
Signature of Officer — *Date*

LEON A. REICH
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/02

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 02903-1335
401-222-3040

STOP
PLEASE READ
INSTRUCTIONS

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.: 91557
2. Name of Corporation: GRANITE APR DEVELOPMENT CORP.
3. Street Address Principal Business Office: 1061 EAST 19TH STREET — City: BROOKLYN — State: NY — Zip: 11230-4501
4. Business Phone No.: 718-338-1303
5. State of Incorporation: DELAWARE
6. SIC Code: 5553
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN AND OPERATES SHOPPING CENTER

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

President Name: DR. LEON A. REICH
Street Address: 1474 OCEAN AVENUE
City: BROOKLYN State: NY Zip: 11230

Vice President Name: RUBIN SCHRON
Street Address: 32 BROADWAY
City: NEW YORK State: NY Zip: 10006

Secretary Name: ROSALIE REICH
Street Address: 1474 OCEAN AVE
City: BROOKLYN State: NY Zip: 11230

Treasurer Name: PETER HOFFMAN
Street Address: 70-35 VLEIGH PLACE
City: FLUSHING State: NY Zip: 11367

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

Director Name: LEON A. REICH
Street Address: 1474 OCEAN AVE
City: BROOKLYN State: NY Zip: 11230

Director Name: PETER HOFFMAN
Street Address: 70-35 VLEIGH PLACE
City: FLUSHING State: NY Zip: 11367

Director Name: RUBIN SCHRON
Street Address: 32 BROADWAY
City: NEW YORK State: NY Zip: 10006

Director Name:
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200 SHS	NO PAR	VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200 SHARES	COMMON	NO PAR

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

[redacted]

File Date: 8-21-02

Check No.: 1839

By: DC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Leon A Reich 8/15/02
Signature of Officer *Date*

LEON A. REICH
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/01

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 91557
2. Name of Corporation: GRANITE APR DEVELOPMENT CORP.
3. Street Address Principal Business Office: 1061 EAST 19TH STREET | City: BROOKLYN | State: NEW YORK | Zip: 11230-4501
4. Business Phone No.: 718-338-1303
5. State of Incorporation: DELAWARE
6. SIC Code: 5553
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN AND OPERATE SHOPPING CENTER

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

President Name: DR LEON A. REICH	Vice President Name: RUBIN SCHRON
Street Address: 1474 OCEAN AVE	Street Address: 32 BROADWAY
City: BROOKLYN State: N.Y Zip: 11230	City: NEW YORK State: N.Y Zip: 10006
Secretary Name: ROSALIE REICH	Treasurer Name: PETER HOFFMAN
Street Address: 1474 OCEAN AVE	Street Address: 70-35 FLEICH PLACE
City: BROOKLYN State: N.Y Zip: 1123.	City: FLUSHING State: N.Y Zip: 11367

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

Director Name: LEON A- REICH	Director Name: PETER HOFFMAN
Street Address: 1474 OCEAN AVENUE	Street Address: 70-35 FLEICH PL
City: BROOKLYN State: N.Y Zip: 11230	City: FLUSHING State: N.Y Zip: 11367
Director Name: RUBIN SCHRON	Director Name:
Street Address: 32 BROAD WAY	Street Address:
City: NEW YORK State: N.Y Zip: 10006	City: State: Zip:

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*) ☐ 11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 SHS NO PAR VALUE			200 SHARES	COMMON	NO PAR

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

[redacted]

91557

[redacted]

File Date: 3/8

Check No.: 1624

By: CL

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Leon A Reich
Signature of Officer *Date*

President
Print or Type Name of Officer

PRESIDENT 3/24/01
Title of Officer

Form 630 12/00

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~2000~~

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91557 *2. Name of Corporation* GRANITE APR DEVELOPMENT CORP

3. Street Address, Principal Business Office 1061 EAST 19TH STREET *City* BROOKLYN *State* NEW YORK *Zip* 11230-4501

4. Business Phone No. 718-338-1303 *5. State of Incorporation* DELAWARE *6. SIC Code* 5553

7. Brief Description of the Character of Business Conducted in Rhode Island
OWN AND OPERATES SHOPPING CENTER

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

President Name DR. LEON A REICH
Street Address 1474 OCEAN AVENUE
City BROOKLYN *State* N.Y. *Zip* 11230

Vice President Name RUBIN SCHRON
Street Address 32 BROADWA
City NEW YORK *State* N.Y *Zip* 10006

Secretary Name ROSALIE REICH
Street Address 1474 OCEAN AVENUE
City BROOKLYN *State* N.Y *Zip* 11230

Treasurer Name PETER HOFFMAN
Street Address 70-35 VLEIGH PLACE
City FLUSHING *State* N.Y *Zip* 11367

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

Director Name LEON A REICH
Street Address 1470 OCEAN AVE
City BROOKLYN *State* NY *Zip* 11230

Director Name PETER HOFFMAN
Street Address 70-35 VLEIGH PLACE
City FLUSHING *State* N.Y *Zip* 11367

Director Name RUBIN SCHRON
Street Address 32 BROADWAY
City NEW YORK *State* N.Y *Zip* 10006

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
200 SHS NO PAR VALUE	COMMON	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
~~200~~ SHARES	COMMON	NO PAR

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

* 9 1 5 5 7 *

File Date: 2-24-00

Check No.: 1484

By: AMF

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.

Leon A Reich
Signature of Officer *Date*
President 2/20/00

Print or Type Name of Officer
DR. LEON A REICH

Title of Officer
PRESIDENT

Form 630 12/96

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
91557	GRANITE APR DEVELOPMENT CORP.			
3. Street Address Principal Business Office		City	State	Zip
1061 EAST 19TH STREET		BROOKLYN	NEW YORK	11230-4501
4. Business Phone No.	5. State of Incorporation			6. SIC Code
718-338-1303	DELAWARE			5553
7. Brief Description of the Character of Business Conducted in Rhode Island				
OWN AND OPERATE SHOPPING CENTER				

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

President Name	Street Address	City	State	Zip
DR. LEON A. REICH	1474 OCEAN AVENUE	BROOKLYN	N.Y.	11230
Vice President Name	Street Address	City	State	Zip
RUBIN SCHRON	32 BROADWAY	NEW YORK	N.Y	10006
Secretary Name	Street Address	City	State	Zip
ROSALIE REICH	1474 OCEAN AVENUE	BROOKLYN	NY	11230
Treasurer Name	Street Address	City	State	Zip
PETER HOFFMAN	70-35 VLEIGH PLACE	FLUSHING	N.Y.	11367

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

Director Name	Street Address	City	State	Zip
LEON A. REICH	1474 OCEAN AVENUE	BROOKLYN	N.Y	11230
Director Name	Street Address	City	State	Zip
PETER HOFFMAN	70-35 VLEIGH PLACE	FLUSHING	N.Y	11367
Director Name	Street Address	City	State	Zip
RUBIN SCHRON	32 BROADWAY	NEW YORK	NY	10006
Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*) ☐ **11. SHARES ISSUED** (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 SHS NO PAR VALUE	COMMON		200 SHARES	COMMON	NO PAR

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

* 9 1 5 5 7 *

File Date: Feb 3, 99

Check No.: 1365

By: J.D.

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.

Leon A Reich 1/31/99
Signature of Officer *Date*

DR. LEON A. REICH
Print or Type Name of Officer

☐ PRESIDENT
Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 91557
2. Name of Corporation: GRANITE APR DEVELOPMENT CORP.
3. Street Address Principal Business Office: 1061 EAST 19TH STREET — City: BROOKLYN — State: NEW YORK — Zip: 11230-4501
4. Business Phone No.: 718-252-0444
5. State of Incorporation: DELAWARE
6. SIC Code: 5553
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN & OPERATE SHOPPING CENTER IN WESTERLY

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*)

President Name: DR. LEON A. REICH
Street Address: 1474 OCEAN AVENUE
City: BROOKLYN — State: N.Y. — Zip: 11230

Vice President Name: RUBIN SCHRON
Street Address: 32 BROADWAY
City: NEW YORK — State: N.Y. — Zip: 10006

Secretary Name: ROSALIE REICH
Street Address: 1474 OCEAN AVENUE
City: BROOKLYN — State: N.Y. — Zip: 11230

Treasurer Name: PETER HOFFMAN
Street Address: 70-35 VLEIGH PLACE
City: FLUSHING — State: N.Y. — Zip: 11367

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*)

Director Name: LEON A. REICH
Street Address: 1474 OCEAN AVENUE
City: BROOKLYN — State: N.Y. — Zip: 11230

Director Name:
Street Address:
City — State — Zip:

Director Name: RUBIN SCHRON
Street Address: 32 BROADWAY
City: NEW YORK — State: N.Y. — Zip: 10006

Director Name:
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200 SHS NO PAR VALUE	COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200 SHARES	COMMON	NO PAR

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

* 9 1 5 5 7 *

File Date: 1.20.98
Check No.: 1187
By: LCD

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.

Leon A Reich 1/15/98
Signature of Officer *Date*

DR. LEON A. REICH
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 31 12/96

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
91557	GRANITE APR DEVELOPMENT CORP.			
3. Street Address Principal Business Office: 1061 EAST 19th STREET	City: BROOKLYN	State: NEW YORK	Zip: 11230-4501	
4. Business Phone No.: 718-252-0241	5. State of Incorporation: DELAWARE		6. SIC Code: 5553	
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN & OPERATE SHOPPING CENTER IN WESTERLY				

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐

President Name	Street Address	City	State	Zip
DR. LEON A. REICH	1474 OCEAN AVENUE	BROOKLYN	N.Y.	11230

Vice President Name	Street Address	City	State	Zip
RUBIN SCHRON	32 BROADWAY	NEW YORK	N.Y	10006

Secretary Name	Street Address	City	State	Zip
ROSALIE REICH	1474 OCEAN AVENUE	BROOKLYN	N.Y.	11230

Treasurer Name	Street Address	City	State	Zip
PETER HOFFMAN	70-35 VLEIGH PLACE	FLUSHING	N.Y.	11367

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐

Director Name	Street Address	City	State	Zip
LEON A. REICH	1474 OCEAN AVENUE	BROOKLYN	N.Y.	11230

Director Name	Street Address	City	State	Zip
PETER HOFFMAN	70-35 VLEIGH PLACE	FLUSHING	N.Y.	11367

Director Name	Street Address	City	State	Zip
RUBIN SCHRON	32 BROADWAY	NEW YORK	N.Y.	10006

Director Name	Street Address	City	State	Zip
	NONE			

10. SHARES AUTHORIZED AND ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 SHS NO PAR VALUE	COMMON		200 SHARES	COMMON	$0.00

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

[redacted] [redacted]

* 9 1 5 5 7 *

File Date: 2-13-97

Check No.: 1015

By: LP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: Leon A Reich Date: 1/23/97

Print or Type Name of Officer: DR. LEON A. REICH

Title of Officer: PRESIDENT