



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 000131343		2. Exact name of the Corporation GRANITE STORAGE, INC.			
3. Principal Office Address 74 Airport Road		City Westerly		State RI	Zip 02891
4. NAICS Code 531130		6. Brief description of the character of business conducted in Rhode Island Generally engage in the business of a storage facility			
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 Ann Cruso			Vice-President Name Robert Cruso		
Street Address 18 Timothy Drive			Street Address 18 Timothy Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Robert Cruso			Treasurer Name Ann Cruso		
Street Address 18 Timothy Drive			Street Address 18 Timothy Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ann Cruso			Director Name David F. Gencarelli		
Street Address 18 Timothy Drive			Street Address 210 I Street, NE		
City Westerly	State RI	Zip 02891	City Washington	State DC	Zip 20002
Director Name Lisa J. Clinkenbeard			Director Name		
Street Address 7408 Carath Court			Street Address		
City Springfield	State VA	Zip 22153	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	Common	None	
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 <i>Robert L Cruso</i>				Date <i>9/24/21</i>	
Signature of Authorized Representative <i>[Signature]</i>					

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

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[Signature] 4 WS 88

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