



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JUN 08 2022

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1. Entity ID Number 91557		2. Exact name of the Corporation Granite APR Development Corp.	
3. Principal Office Address 31 Martin Lane		City Lawrence	State NY
		Zip 11559	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Own and operate Real Estate.		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dr. Leon A. Reich		Vice-President Name Rubin Schron	
Street Address 31 Martin Lane		Street Address 45 Broadway	
City Lawrence	State NY	City New York	State NY
Zip 11559		Zip 10006	
Secretary Name Yaron Z. Reich		Treasurer Name Peter Hoffman	
Street Address 31 Martin Lane		Street Address 7035 Vleigh Place	
City Lawrence	State NY	City Flushing	State NY
Zip 11559		Zip 11267	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Rubin Schron		Director Name Dr. Leon A. Reich	
Street Address 45 Broadway		Street Address 31 Martin Lane	
City New York	State NY	City Lawrence	State NY
Zip 10006		Zip 11559	
Director Name Peter Hoffman		Director Name	
Street Address 7035 Vleigh Place		Street Address	
City Flushing	State NY	City	State
Zip 11267		Zip	
9. Shares Authorized 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 200	CLASS/SERIES Common
		PAR VALUE No 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.			
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 Yaron Z. Reich, Secretary			Date 6/8/22
Signature of Authorized Representative 			

MAIL TO:
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