

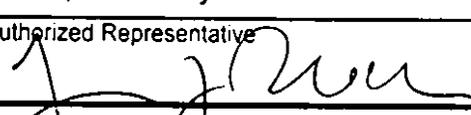


State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED STAMP**  
**MAR 03 2023**  
 BY late

1. Entity ID Number <b>91557</b>		2. Exact name of the Corporation <b>Granite APR Development Corp.</b>			
3. Principal Office Address <b>31 Martin Lane</b>			City <b>Lawrence</b>	State <b>NY</b>	Zip <b>11559</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Own and operate Real Estate.</b>			
5. State of Incorporation <b>Delaware</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>Dr. Leon A. Reich</b>			Vice-President Name <b>Rubin Schron</b>		
Street Address <b>31 Martin Lane</b>			Street Address <b>45 Broadway</b>		
City <b>Lawrence</b>	State <b>NY</b>	Zip <b>11559</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10006</b>
Secretary Name <b>Yaron Z. Reich</b>			Treasurer Name <b>Peter Hoffman</b>		
Street Address <b>31 Martin Lane</b>			Street Address <b>7035 Vleigh Place</b>		
City <b>Lawrence</b>	State <b>NY</b>	Zip <b>11559</b>	City <b>Flushing</b>	State <b>NY</b>	Zip <b>11267</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 <b>Rubin Schron</b>			Director Name <b>Dr. Leon A. Reich</b>		
Street Address <b>45 Broadway</b>			Street Address <b>31 Martin Lane</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10006</b>	City <b>Lawrence</b>	State <b>NY</b>	Zip <b>11559</b>
Director Name <b>Peter Hoffman</b>			Director Name		
Street Address <b>7035 Vleigh Place</b>			Street Address		
City <b>Flushing</b>	State <b>NY</b>	Zip <b>11267</b>	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.			NUMBER OF SHARES		CLASS/SERIES
			200		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.					
<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>Yaron Z. Reich, Secretary</b>					Date <b>2/28/23</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