

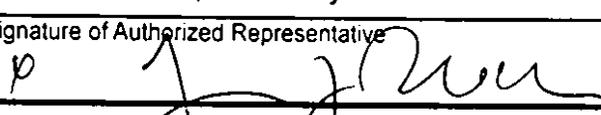


State of Rhode Island
Department of State - Business Services Division

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 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	Zip 11559	City New York	State NY	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	Zip 11559	City Flushing	State NY	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	Zip 10006	City Lawrence	State NY	Zip 11559
Director Name Peter Hoffman			Director Name		
Street Address 7035 Vleigh Place			Street Address		
City Flushing	State NY	Zip 11267	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
			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.					
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 2/28/23
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