



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

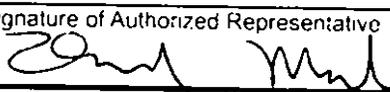
FILED

MAY 03 2023

BY 9/24/05

Annual Report for the year: 2023
Corporation

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

1. Entity ID Number 97814		2. Exact name of the Corporation GRANT COURT DEVELOPMENT, INC.			
3. Principal Office Address 150 Chestnut Street			City Providence	State RI	Zip 02903
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Malkin			Vice-President Name		
Street Address 150 Chestnut Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name David Malkin			Treasurer Name David Malkin		
Street Address 150 Chestnut Street			Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Malkin			Director Name		
Street Address 150 Chestnut Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		1.000	Common	No Par	
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 David Malkin				Date 4/27/23	
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