



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amend
Corporation

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

RECEIVED
CORPORATION
2025 JAN -2 11:08

1. Entity ID Number <u>5053</u>		2. Exact name of the Corporation <u>CRA-MAR CORPORATION</u>			
3. Principal Office Address <u>575 SEVEN MILE ROAD BOX 20659</u>		City <u>CRANSTON</u>		State <u>RI</u>	Zip <u>02920</u>
4. NAICS Code <u>623110</u>		6. Brief description of the character of business conducted in Rhode Island <u>NURSING CARE FACILITY</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>SCOTT J. GRZYCH</u>			Vice-President Name <u>THOMAS J GRZYCH</u>		
Street Address <u>575 SEVEN MILE ROAD BOX 20659</u>			Street Address <u>575 SEVEN MILE ROAD BOX 20659</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u>THOMAS J. GRZYCH</u>			Treasurer Name <u>SCOTT GRZYCH</u>		
Street Address <u>575 SEVEN MILE ROAD BOX 20659</u>			Street Address <u>575 SEVEN MILE ROAD BOX 20659</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		<u>1000</u>		<u>B</u>	<u>0.00</u>
		<u>500</u>		<u>A</u>	<u>1.00</u>
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 <u>SCOTT J. GRZYCH</u>					Date <u>1/2/25</u>
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

FILED
JAN 02 2025 11:08 AM
BY KM



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 02, 2025 11:08 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

