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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 24 2025
BY

Annual Report for the year: 2025
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
97814	Grant Court Development, Inc.

3. Principal Office Address	City	State	Zip
150 Chestnut Street	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Real Estate
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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	Date
David Malkin	1/29/25

Signature of Authorized Representative: David Malkin, President

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 04/2023