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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1993

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
19421	The Indian River Company			
3. Street Address Principal Business Office		City	State	Zip
Rocky Hollow Road - PO Box 21		East Greenwich	RI	02818
4. Business Phone No.	5. State of Incorporation			
401-884-7530	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
General Investment & Real Estate

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Robert Allen Greene			Robert Allen Greene, II		
Street Address			Street Address		
PO Box 137			35 Spring Street		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818
Secretary Name			Treasurer Name		
Marilyn R. Greene			Allison H. Morrison		
Street Address			Street Address		
PO Box 137			384 West Allenton Road		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818	North Kingstown	RI	02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Sharon W. Greene Tetreault			Todd A. Greene		
Street Address			Street Address		
56 Jamaica Way			10 Rosewood Drive		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	Mansfield	MA	02048
Director Name			Director Name		
Russell W. Greene					
Street Address			Street Address		
59 Essex Road					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	No Par	500	Common	no par
			THIS SECTION MUST BE COMPLETED		

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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.

[redacted]

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.

Robert Allen Greene 12/4/07
Signature *Date*

Robert Allen Greene
Print or Type Name

Pres & Treas
Title

[redacted]

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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Form 630 Rev. 12/06

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