

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 __

2008

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(cod)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 12390		is subject to a penalty fee of \$25.00. 2. Name of Corporation Greco Bros., Inc.					
3. Street Address Principal Business Office Greco Lane			City Providence	State RI	Zip 02909		
Business Phone No. 5. State of Incorpore Rhode Island					02909		
manufacturing of pla	Character of Business Conductor ating room equipment						
. NAMES AND ADD	RESSES OF THE OFFIC	CERS: ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE HISING	ATTACHMENTS		
* ****			Vice President Name				
Ralph M. Greco			David H. Greco				
95 Bramblebush Road			Street Address 194 Selma Street				
ity Coventry	State RI	<i>^{Zip}</i> 02816	City Cranston	State RI	<i>7.ip</i> 02920		
ecretary Name David H. Greco			Treasurer Name Ralph C. Greco				
treet Address As Above			Street Address 29 Miantonomo Drive				
ity	State	Zip	City Warwick	State RI	Zip 02888		
NAMES AND ADDI	RESSES OF THE DIREC	TORS: ("X" BOX FO.	•	N SPACES BEFORE USIN			
irector Name		•	Director Name		- III MOHMENIS		
Ralph C. Greco			David H. Greco				
treet Address			Street Address				
s Above	·		As Above				
'y	State	Zip	City	State	Zip		
ector Name			Director Name		l		
Ralph M. Greco			None				
treet Address			Street Address				
s Above							
γ	State	Zip	City	State	Zip		
SHARES AUTHORIZ	ZED ("X" BOX FOR A	TTACHMENT)	10. SHARES ISSUED	("X" BOX FOR ATTACE	HMENT) 🔲		
unber of Shares Class/Series Par Value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
00 Comm No par value			Number of Shares	Class/Series	Par Value		
			100	Common	No par		

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File Date	 .
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FOR SECRETARY OF STATE USE ONLY	×5

Under penalty of perjury, I declare :	and affirm that	I have e	xamined this report,
including any accompanying scheducontained herein are true and correct	ales and staten	nents, and	d that all statements
Signature 12 clfvL C	her	Date	2/15/0x
Ralph C. Greco			
Print or Type Name			-
Treasurer			
Title	-		