

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222,3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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			ng to jue us annual report wub	n ibiriy (30) aays after t	be time prescribea by				
1. Corporaje ID No. 33397 2. Name of Corporation GREENE HOME Improvement INC. 3. Street Address Principal Business Office G3 PRUS PELL ST BARRINGTON R. I. 02806									
3. Street Address Principal Business (office Spect St	5. State of Incorporation	Brannston	State R. I.	02806				
4. Business Phone No.	V	· •							
6. Bidef Description of the Character of Business Conducted in Rhode Island									
Siding + Windows 7. Names and addresses of the officers: ("x" box for attachment) □ fill in spaces before using attachments									
			· Vice President Name						
DAVID GREENE									
Street Address 63 RRUSpect S+			Street Address						
Street Address 63 RRUS PEUT ST City BARRINGTON R. I. O2806 Secretary Name			City	State	Zip				
			Treasurer Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. NAMES AND ADDRESSES	I OF THE DIRECTOR	 S:	: TACHMENT) ∏ FILL IN SPA	 CES BEFORE USING A	I TTACHMENTS				
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Director Name			Director Name						
Street Address			Street Address						
Сиу	State	Zip	City	State	Zip				
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)						
AUTHORIZED SHARES Number of Shares Class/Series Par Value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value						
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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.									
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			Under penalty of perjury	, I declare and affirm that I	I have examined this report				

File Date ELED
Check NojAN 1 2 2009
By: By 7/35
FOR SECRETARY OF STATE USE ONLY

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contained he	tein are true	and correct	me /	18/04	
Signature /	$\overline{}$	/ 	Dat	k / /	
	DAU	id J	GRE	rene	
Print or Type	Nama			· · · · · · · · · · · · · · · · · · ·	
Title					