



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 02904-2611
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. **12477** 2. Name of Corporation **Green Ink Incorporated**

3. Street Address Principal Business Office **17 Brown Street** City **North Kingstown** State **RI** Zip **02852**

4. Business Phone No. **401-294-6266** 5. State of Incorporation **Rhode Island**

6. Brief Description of the Character of Business Conducted in Rhode Island
Women's clothing and accessories

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

President Name **Betty D Givan** Vice President Name **Curtis V Givan**

Street Address **611 Pendar Road** Street Address **611 Pendar Road**

City **Saunderstown** State **RI** Zip **02874** City **Saunderstown** State **RI** Zip **02874**

Secretary Name **Bethany D Mazza** Treasurer Name **Betty D Givan**

Street Address **655 Seven Mile Road** Street Address **611 Pendar Road**

City **Hope** State **RI** Zip **02831** City **Saunderstown** State **RI** Zip **02874**

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

Director Name **None** Director Name **None**

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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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.

File Date **2-19-09**
Check No. **20792**
By: **MMC**

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.

Signature **Betty Givan** Date **2/18/09**
Print or Type Name **Betty Givan**