

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 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

1. Corporate ID No.	.00. 2. Name of Co.				
12592	GREENH	ILL, INC.			
3. Street Address Principal Business Office PO BOX 35			ALBION	State RI	^{Zip} 02802
4. Business Phone No. (401) 258-6553		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Che HOLDING COMPANY	aracter of Business Condi	icted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name WARREN J. SIMMONS			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name VOIL		
Street Address 805 BRUSH HILL ROAD			Street Address		
City MILTON -	State MA	^{Zip} 02186	City	State	Zip
Secretary Name WARREN J. SIMMONS			Treasurer Name WILLIAM A. MCCOURT		
Street Address 805 BRUSH HILL ROAD			Street Address 8 PINE GROVE AVENUE		
City MILTON	State MA	^{Zip} 02186	City LINCOLN	State RI	Ζψ 0286 5
8. NAMES AND ADDRE Director Name MARK L. CLASTER	SSES OF THE DIRE	SCTORS: ("X" BOX FOR AT)	FACHMENT) FILL IN Director Name ROBERT E. MARK	·	G ATTACHMENTS
Street Address 900 THIRD AVENUE, 33RD FLOOR			Street Address 35 MASON STREET		
City NEW YORK Director Name WARREN J. SIMMO	State NY	<i>Хір</i> 10022	City GREENWICH Director Name JOHN B. CLEMEN	State CT	Zip 06830
Street Address 805 BRUSH HILL ROAD			Street Address 20 OSER AVENUE		
City MILTON	State MA	^{Ζίμ} , 02186	City HAUPPAUGE	State NY	^{2ip} 11788
9. SHARES AUTHORIZI	BD			("X" BOX FOR ATTACH CTION MUST BE COMPLETED	IMENT)
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require instruction sheet.	an additional filing.	See Section 9 of	796	соммон	NO PAR VALUE
This report must be executhis report must be executive.	cuted on behalf of the	e corporation by an authorize	d representative. If the contraction	orporation is in the hands	of a receiver or trustee,

the corporation by the receiver or trustee.

File Date	3-2-09
Check No.	086255
Ву:	mnc
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affir	m that I have examined this report,
including any accompanying schedules and	statements, and that all statements
contained herein are true and correct.	<u> </u>
(V V V) 1 17	21409
Signature	Date
· ·	Dine
WILLIAM A. MCCOURT	
Print or Type Name	
TREASURER	
TILASUNLIN	
Title	