



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

63020

2. Name of Corporation

GREENMAN-PEDERSEN, INC.

3. Street Address Principal Business Office

325 West Main Street

City

Babylon

State

N.Y.

Zip

11702

4. Business Phone No.

516 587-5060

5. State of Incorporation

NEW YORK

6. SIC Code

7518

7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Steven G. Greenman

Street Address

325 West Main Street

City

Babylon

State

N.Y.

Zip

11702

Vice President Name

NONE

Street Address

City

State

Zip

Secretary Name

Michael J. Buoncore

Street Address

325 West Main Street

City

Babylon

State

N.Y.

Zip

11702

Treasurer Name

Michael J. Buoncore

Street Address

325 West Main Street

City

Babylon

State

N.Y.

Zip

11702

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Beecher Greenman

Street Address

325 West Main Street

City

Babylon

State

N.Y.

Zip

11702

Director Name

Michael J. Buoncore

Street Address

325 West Main Street

City

Babylon

State

N.Y.

Zip

11702

Director Name

Steven Greenman

Street Address

325 West Main Street

City

Babylon

State

N.Y.

Zip

11702

Director Name

Ralph D. Csogi

Street Address

325 West Main Street

City

Babylon

State

N.Y.

Zip

11702

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

30,000.00

Class/Series

Common

Par Value

None

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

25,777.00

Class/Series

None

Par Value

None

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 3 0 2 0 *

File Date:

2.20.98

Check No.:

0007

By:

10P

FOR SECRETARY OF STATE USE ONLY

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.

Michael J. Buoncore

Signature of Officer

3/18/98

Date

Michael J. Buoncore

Print or Type Name of Officer

Secretary/Treasurer

Title of Officer