

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

Form 631 Rev. 09/17

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corpor & 19 No 4 2	2. Americal Corporation	es of GRE	EN INC	•	
3. State of hyperration	4. Corporate address in	Hode Island - Street Address なてぬてもへ	Ct.	City NK	02 & 5 Z
5. Foreign corporation. Enter prin	ncipal office address		City	State	Zip
6. Brief Description of the character	of the affairs which are ac	itually conducted in Rhode Isla	nd		
7. NAMES AND ADDRESSE President Name			MENT)	CES BEFORE USING ATTA	CHMENTS
Street Address 3 5 B	renne C	*	Street Adáress		
CHYNYC	State R L	Zip 02852	City	State	Zip
Secretar frame	Ryne		Treasurer Notice	15 X 15 C	ROSSAN
Street Address Butter	wut Ond			but Will	
City NIK	State R.I.	202852	City N/C	State R. F.	2002852
8. NAMES AND ADDRESSE					ACHMENTS REE (3), R.I.G.L. 7-6-23
Director Navy LEBLANC				s X. Me	
Street Address BRE	ntar Ex	*************************************	Street Address Stra	& Will On	
City NIR	State RT	24 6 28 5 R	City NK	State RI	\$2850°
Director Name July J. Rynd		Director Name			
Street Addres & Account Or		Street Address			
CHY pric	State RE	Zip 02852	Cîty	State	Zip
9. REGISTERED AGENT IN	RHODE ISLAND	JOSEPH MS	61:n 797 B	Bolo Hill Ro wo	wik 02856
This information is currently	of record in the Offic	ce of the Secretary of State	e. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78
This report mus	st be signed by either	the President, Vice Pres	ident, Secretary, Assist	ant Secretary, Treasurer, Re	ceiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-15-2010	statements contained herein are true and correct.
Check No	Signature of Officer Date
By:	Print or Type Name of Officer / REAS - T
FOR SECRETARY OF STATE USE ONLY	Title of Officer