



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3940 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 43569		2. Exact name of the Corporation Greenway Cycles, Inc.			
3. Principal office address 579 Washington St.		City Coventry	State RI	Zip 02816	
4. Business Phone No. 401-822-2080		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Sales and service of bicycles					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard J Duprey			Vice-President Name Hope B Templeton		
Street Address 35 Drawbridge Drive			Street Address 302 Scituate Vista Drive		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02921
Secretary Name Bethany L. Duprey			Treasurer Name Bethany L. Duprey		
Street Address 35 Drawbridge Drive			Street Address 35 Drawbridge Drive		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard J. Duprey			Director Name Hope B Templeton		
Street Address 35 Drawbridge Drive			Street Address 302 Scituate Vista Drive		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02921
Director Name Bethany L. Duprey			Director Name		
Street Address 35 Drawbridge Drive			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	Common	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 _____

FILED
FEB 08 2013

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.

Check No _____

By: _____

BY 11707

Richard J Duprey 2/4/13
Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Richard J Duprey

Print or Type Name of Authorized Representative