



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) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 12390		2. Exact name of the Corporation Greco Bros., Inc.			
3. Principal office address Greco Lane		City Providence	State RI	Zip 02909	
4. Business Phone No. (401) 421-9306		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacturing of plating room equipment, cleaning and drying equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Ralph M. Greco			Vice-President Name David H. Greco		
Street Address 95 Bramblebush Road			Street Address 194 Selma Street		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
Secretary Name David H. Greco			Treasurer Name Ralph M. Greco		
Street Address 194 Selma Street			Street Address 95 Bramblebush Road		
City Cranston	State RI	Zip 02920	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Ralph M. Greco			Director Name David H. Greco		
Street Address 95 Bramblebush Road			Street Address 194 Selma Street		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			100	Common	No par value

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 29 2014

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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.

Ralph M. Greco 1/21/14
Signature of Authorized Representative Date

Ralph M. Greco

Print or Type Name of Authorized Representative