

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

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.	2. Exact nar	2. Exact name of the Corporation					
12867	Greenv	ood Products, In	ic.				
3. Principal office address 255 Quaker Lane			City West Warwick		State RI	Zip 02893	
Business Phone No. 321-3300			5. State of Incorporation RI				
6. Brief description of the char Wholesale and retail							
7. LIST ALL OFFICERS (NA	MES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)	Mark y			
President Name Ajay Pande			Vice-President Name Sanjay Pande				
Street Address 323 Country View Drive			Street Address 20 Jennifer Lee Court				
City Warwick	State RI	Zip 02886	City West Greenwic		State RI	Zip 02817	
Secretary Name Sanjay Pande	·		Treasurer Name Ajay Pande				
Street Address 20 Jennifer Lee Court			Street Address 323 Country View Drive				
City West Greenwich	State RI	Zip 02817	City Warwick		State RI	Zip 02886	
8. LIST <u>ALL</u> DIRECTORS (N	AMES AND ADD	RESSES) ("X" BOX FOR A	ATTACHMENT) 🔲		A LANGE IN . LANGE SA		
Director Name Ajay Pande			Director Name Sanjay Pande				
Street Address 323 Country View Drive			Street Address 20 Jennifer Lee Court				
City Warwick	State RI	Zip 02886	City West Greenwic	1	State RI	Zip 02817	
Director Name	. .		Director Name	<u> </u>			
Street Address			Street Address		,		
City	State	Zip	City State		Zip		
9. SHARES AUTHORIZED:				D ("X" BOX F		HMENT)	
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.				mmon	No par value		
This report must be executed	d on behalf of the this report mu	corporation by an authorize	d representative. If the the corporation by the i	corporation is receiver or tru	in the hand stee.	s of a receiver or trustee,	

FIL D	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements			
Check No.	MAR 0 4 2014	and that all statished contained herein are t			
By:	10147	Signature of Authorized Representative Ajay Pande	Date '		
FOR SECRETARY OF STATE USE ONLY	The second secon	Print or Type Name of Authorized Representativ	D		

Form No. 630 Revised: 01/2012