



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 2015

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. 98538		2. Exact name of the Corporation GRENCO, INC.			
3. Principal office address 35 Raymond Potter Lane			City Exeter	State RI	Zip 02882
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Business of builders and contractors					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Scott Grenon			Vice-President Name Michael Grenon		
Street Address 35 Raymond Potter Lane			Street Address 35 Raymond Potter Lane		
City Exeter	State RI	Zip 02882	City Exeter	State RI	Zip 02882
Secretary Name Scott Grenon			Treasurer Name Scott Grenon		
Street Address 35 Raymond Potter Lane			Street Address 35 Raymond Potter Lane		
City Exeter	State RI	Zip 02882	City Exeter	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Scott Grenon			Director Name		
Street Address 35 Raymond Potter Lane			Street Address		
City Exeter	State RI	Zip 02882	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			100	Common	No Par

RECEIVED STATE SECRETARY OF CORPORATIONS DIV
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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: _____

FILED

JAN 13 2015

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.

Scott Grenon
 Signature of Authorized Representative

1/9/15
 Date

FOR SECRETARY OF STATE USE ONLY

BY HL 240131

Scott Grenon

Print or Type Name of Authorized Representative

11:03