



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. 12867		2. Exact name of the Corporation Greenwood Products, Inc.			
3. Principal office address 255 Quaker Lane		City West Warwick		State RI	Zip 02893
4. Business Phone No. 821-3300		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Wholesale and retail sale of household products.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
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 Greenwich	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 ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
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 Greenwich	State RI	Zip 02817
Director Name			Director Name		
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
			300	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

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BY

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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.

Signature of Authorized Representative

Date

Ajay Pande

Print or Type Name of Authorized Representative