



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 2016

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. 12398		2. Exact name of the Corporation Greco Brothers Plating Supply Company			
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, cleaning, and drying equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 David H. Greco		
Street Address 194 Selma Street			Street Address 194 Selma Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <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	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

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 2/17/16
 Signature of Authorized Representative Date

Ralph M. Greco
 Print or Type Name of Authorized Representative

FILED

FEB 22 2016
 BY KL 15410