



**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. <b>19421</b>		2. Exact name of the Corporation <b>The Indian River Company</b>			
3. Principal office address <b>Rocky Hollow Road - PO Box 21</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
4. Business Phone No. <b>401-884-7530 884-7530</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>General Investment &amp; Real Estate</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Robert Allen Greene</b>			Vice-President Name <b>Marilyn R Greene</b>		
Street Address <b>PO Box 137</b>			Street Address <b>PO Box 137</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Allison H Morrison</b>			Treasurer Name <b>Robert Allen Greene</b>		
Street Address <b>384 West Allenton Road</b>			Street Address <b>PO Box 137</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Sharon W. Tetreault</b>			Director Name <b>Todd A Greene</b>		
Street Address <b>56 Jamaica Way</b>			Street Address <b>10 Rosewood Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Mansfield</b>	State <b>MA</b>	Zip <b>02048</b>
Director Name <b>Russell W Greene</b>			Director Name <b>Robert Allen Greene, II</b>		
Street Address <b>59 Essex Road</b>			Street Address <b>35 Spring Street</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			500	Common	No Par

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**

FEB 29 2016

RV 156 1124

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.

*Robert Allen Greene* Feb. 24, 2016

Signature of Authorized Representative Date

**Robert Allen Greene, President**

Print or Type Name of Authorized Representative