



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