

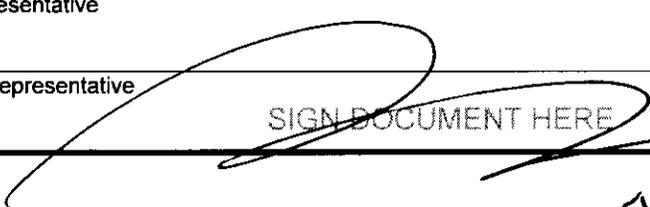


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2016 SEP 14 AM 10:54

1. Entity ID Number <b>000012477</b>		2. Exact name of the Corporation <b>GREEN INK INCORPORATED</b>			
3. Principal Office Address <b>89 BROWN STREET</b>			City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
4. Business Phone Number <b>401-294-6266</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>WOMEN'S CLOTHING &amp; ACCESSORIES</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>BETTY D GIVAN</b>			Vice-President Name <b>CURTIS V GIVAN</b>		
Street Address <b>611 PENDAR ROAD</b>			Street Address <b>611 PENDAR ROAD</b>		
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>BETHANY D. MAZZA</b>			Treasurer Name <b>CURTIS V GIVAN</b>		
Street Address <b>655 SEVEN MILE RD</b>			Street Address <b>611 PENDAR ROAD</b>		
City <b>HOPE</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SAME AS ABOVE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>500</b>	<b>COMMON</b>	<b>0</b>
11. 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. <i>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.</i>					
Name of Authorized Representative <b>BETHANY D. MAZZA</b>					Date <b>9/12/16</b>
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

10:54 **FILED**  
 SEP 14 2016

BY   
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