



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

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 *[Signature]*
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